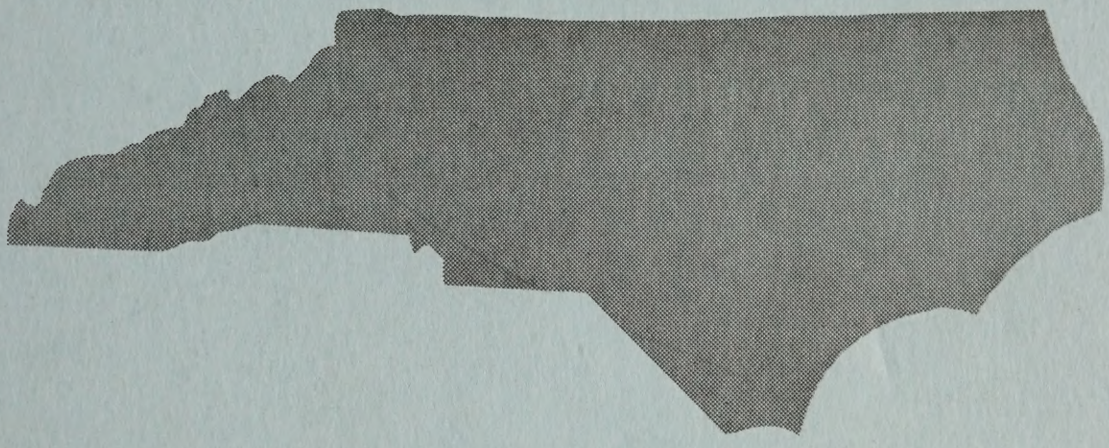
NORTH CAROLINA'S OLDER POPULATION: OPPORTUNITIES AND CHALLENGES



REPORT

NORTH CAROLINA GOVERNOR'S
COORDINATING COMMITTEE ON AGING

AND PROCEEDINGS

GOVERNOR'S CONFERENCE ON AGING
JULY 27-29, 1960
RALEIGH, NORTH CAROLINA

NORTH CAROLINA'S OLDER POPULATION: OPPORTUNITIES AND CHALLENGES

Report

North Carolina Governor's Coordinating Committee on Aging

and Proceedings

Governor's Conference on Aging
July 27-29, 1960

Raleigh, North Carolina

OCTOBER, 1960

RALEIGH, NORTH CAROLINA

PREFACE

To the Honorable Luther H. Hodges, Governor of North Carolina, and to the people of North Carolina:

In these pages is contained a report of the efforts of several hundred North Carolinians, including many of our senior citizens themselves, to evaluate progress and prospects in relation to our State's older population.

These people have been the members and interested participants in the activities of County Coordinating Committees on Aging throughout North Carolina; the chairmen, recorders and members of eight Specialized Study Committees in various fields relating to aging; the more than six hundred persons who participated in and contributed to the work accomplished at the 1960 Governor's Conference on Aging; and the members of the coordinating committee who submit this report to you.

The North Carolina Governor's
Coordinating Committee on Aging

October, 1960

NORTH CAROLINA

GOVERNOR'S COORDINATING COMMITTEE ON AGING

Chairman, Dr. Ellen Winston, Commissioner, State Board of Public Welfare, Raleigh

Vice-Chairman, Dr. J. W. R. Norton, State Health Director, State Board of Health, Raleigh

Ralph Andrews, Director, North Carolina Recreation Commission, Raleigh

Miss Margaret Blee, Professor, Public Health Nursing, University of North Carolina, Chapel Hill

E. N. Brower, President, Brower Mills, Inc., Hope Mills

Dr. Ewald W. Busse, Chairman, Duke University Council on Gerontology, Durham

Frank Crane, Commissioner, State Department of Labor, Raleigh

Dr. Catherine Dennis, State Supervisor of Home Economics Education, State Department of Public Instruction, Raleigh

Dr. Eugene A. Hargrove, Commissioner of Mental Health, State Hospitals Board of Control, Raleigh

Mrs. Elizabeth H. Hughey, State Librarian, State Library, Raleigh

Dr. Wingate M. Johnson, Bowman Gray School of Medicine, Winston-Salem

Col. Henry E. Kendall, Chairman, Employment Security Commission, Raleigh

Dr. Harold D. Meyer, Chairman, Recreation Curriculum, University of North Carolina, and Consultant North Carolina Recreation Commission, Chapel Hill

David S. Weaver, Director, Agricultural Extension Service, North Carolina State College, Raleigh

Nathan H. Yelton, Director, Teachers' and State Employees' Retirement System, Raleigh

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Secretary, Mrs. Annie May Pemberton, Supervisor, Services to the Aged, State Board of Public Welfare, Raleigh

Executive Secretary, Mrs. James W. Reid, No. 542 Education Building, Raleigh

CONTENTS

INTRODUCTION

Evidence of North Carolina's official concern for the welfare of its aging citizens dates from the beginning of the present decade, and has continued throughout the ten-year period.

Prior to the establishment of the present North Carolina Governor's Coordinating Committee on Aging, North Carolina had one of the first statewide conferences on aging, held upon call of Governor W. Kerr Scott in June, 1951. Background papers were prepared in six subject-matter areas by technical committees and separate discussion sessions held for each, as follows:

Section I. Research and Population
II. Employment, Employability and Income Maintenance
III. Education, Recreation and Religion
IV. Health Maintenance and Rehabilitation
V. Family Life, Housing and Social Service
VI. Professional Personnel

The findings and principal addresses of this Conference were published under the title "The Governor's Conference on Aging, June 28-29, 1951," and widely circulated throughout the State and elsewhere.

A continuing committee was appointed to follow up on Conference findings. This committee filed a report in December, 1952, at which time ten specific recommendations were made, each requiring either State or Federal legislative action. The Committee was dissolved upon its own request, expressing the opinion that individual agencies and organizations were at the point where they needed more time to concentrate on development of their particular areas of responsibility.

During the intervening years until the appointment of the present Coordinating Committee on Aging by Governor Luther H. Hodges on September 12, 1956, nine of the ten 1952 recommendations had been met in full or in part.

As of June 30, 1960, the status of North Carolina's progress toward meeting these recommendations was as follows:

1. *Recommendation:* That a careful study of the OASI program be made with a view to estimating the potential value to North Carolina of further coverage to include all persons employed in Agriculture so that in the event new Federal legislation is introduced its impact on North Carolina can readily be determined and basic data furnished.

Achievement: This recommendation has been achieved through the 1954 and 1956 Social Security Amendments and through continued emphasis on their full implementation in the State.

2. *Recommendation:* That careful study be made of the state retirement system in relation to possible modification of the Federal Act with regard to Old Age and Survivor's Insurance so that State and local governmental employees might participate in both types of retirement, but in no case should an integrated program jeopardize existing benefits under the present retirement system.

Achievement: This participation has been in effect in North Carolina since January 1, 1955. Since then the retirement laws have been considerably modified and liberalized. The base was widened in 1957, and the minimum payment increased. Benefits were increased again in 1959, when State funds were secured to match Federal funds. Members retiring now are receiving more than twice (and often three times) as much as they would have received prior to 1955. In addition, a program of preretirement counseling has been adopted by the Board of Directors of the Teachers' and State Employees' Retirement System, and funds are being requested of the General Assembly for an annual budget allocation beginning July 1, 1961.

3. *Recommendation:* That appropriate legislation be enacted to bring under a retirement program regularly employed State personnel who are not covered by retirement at the present time (1952).

Achievement: This program is now in effect.

4. *Recommendation:* That funds be made available for the reactivation of the program of adult education of the State Department of Public Instruction.

Achievement: Since this recommendation has not yet been achieved, a further recommendation to this effect was introduced at the 1960 North Carolina Governor's Conference on Aging, as well as a recommendation for the provision of a coordinator of adult education in each county.

5. *Recommendation:* That public support be given to the construction of housing units especially designed to meet the needs of older people, through both private building and public housing projects.

Achievement: There has been no State legislative action on this recommendation; however, the wide variety of living arrangements being provided through private, church and civic auspices is stimulating much interest in this area. The national concern that mortgage policies be modified and that restrictions in housing projects be lifted to the end that older persons may be provided with more adequate living arrangements is being felt in the State. One encouraging factor is the increased interest being shown by architects not only in building facilities especially suited for the aged, but in building facilities for young families which will be adaptable for their later years. The Governor's Coordinating Committee is currently investigating the possibility of initiating among students of architecture a design competition for construction of a dwelling house suitable for older people, and is planning a pamphlet directed toward suggestions for planning individual homes for the comfort and safety of elderly persons.

6. *Recommendation:* That sufficient funds be made available for local health departments so that preventive health services for older people may be expanded and strengthened.

Achievement: There have been increased appropriations for expanded services for those illnesses and accidents especially prevalent

among the aged. The Home Nursing Program is part of the activities of North Carolina County Health Departments in counties in which the number of nurses is beyond the minimum for routine procedures. These programs have been more rapidly developed through recent Federal funds for cancer, heart and chronic disease activities. Three special programs underway include (1) Cancer, with an annual budget of one-quarter million dollars, half of which goes for the hospital bills of indigent patients with operable cancer (Federal funds comprising approximately one-fifth the total); (2) Heart Disease, for which $91,000 in Federal funds were available in 1959; and (3) Diabetes, with a program of case-finding on a continuing basis initiated in 1959 and being accelerated in 1960. Since the transfer early in this decade of the four then-existing Mental Health Clinics from the State Hospitals Board of Control to the State Board of Health, seven additional clinics have been established, each serving several counties, thus considerably expanding and strengthening mental health services through the county health departments. An additional preventive health service is the recent establishment of a Home and Farm Accident Prevention Section.

7. *Recommendation:* That adequate funds be made available for hospitalization of indigent and medically indigent aged.

Achievement: This need has to a significant extent been met by the pooled fund for hospitalization of public assistance recipients administered by the State Board of Public Welfare, which currently provides $10 per day toward hospital costs. Most counties supplement this amount on a fixed basis or meet actual per diem cost. Funds are being requested in 1961 to pay $12 per day from the pooled fund. For the medically indigent, the State pays $1.50 per day toward costs of hospitalization, with county supplements available through the department of public welfare in most counties.

8. *Recommendation:* That grants to needy old people be increased more nearly to provide a minimum health and decency level of living.

Achievement: This recommendation has not been achieved in full; but with more favorable Federal matching grants and some increase in State appropriations for old age assistance, payments have been increased. Further recommendations for increases were introduced at the North Carolina Governor's Conference in July, 1960.

9. *Recommendation:* That a State appropriation for supplementation of public assistance where needed be made available for care outside of State Hospitals for senile or mildly disturbed older individuals.

Achievement: This appropriation to the State Board of Public Welfare was in effect from April, 1952, until 1958, when the removal of the ceiling on maximum public assistance grants made it unnecessary. The public welfare program for placement of older patients outside of State hospitals, which has provided for hundreds of people, has won national acclaim.

10. *Recommendation:* That appropriate legislation or other governmental action be taken to encourage the continued employment of older workers including increased retirement benefits for persons who work after 65.

Achievement: Although there has been no legislative attention to this recommendation, flexible policies in State and local government have partially achieved its aim. There are in effect wide differences in practice among industry. The Federal Fair Labor Standards Act influenced more liberal attitudes toward employment of the older person. The $1,200 annual income permitted the retired person has played a major role in encouraging older people to continue in at least part-time employment.

The fifteen members of the North Carolina Governor's Coordinating Committee on Aging reflect the continuity of the interest in and concern for North Carolina's older people during the entire decade just past. Four of the members of the 1951-52 Special Committee on Aging are included in the present fifteen-member Coordinating Committee. Three of the fifteen had attended the Federal-State Conference on Aging held in Washington January 5-7, 1956, sponsored by the Council of State Governments. These fifteen persons represent State agencies with varying responsibilities relating to older citizens, three major educational institutions, and the field of industry. They have been active not only within the State but also in national programs in the field of aging. One is a member of the National Advisory Committee to the 1961 White House Conference and chairman of one of the twenty planning committees. Two others are Consultants to one or more of the planning committees.

Cooperating with the National Committee on Aging of the National Social Welfare Assembly, the Governor's Committee was host to a Southeastern Regional Conference in Durham October 5-7, 1959, attended by 317 persons from 14 states. Its theme was "Needs, Potentials and Services for Older People in the Southeastern Region with Special Emphasis on Smaller Communities and Rural Areas."

Another project designed to acquaint the people of North Carolina with the increasingly significant field of aging was the observance of a Special Week on Aging proclaimed by Governor Hodges during the second week of July in 1958 and again in 1959. Special recognition was given the potential resources of older citizens and the need for strengthening services essential to their well-being. Proclamations by mayors, publicity by all the news media and agency publications, exhibits, special programs in homes for the aged and Senior Citizens' Clubs, and observance by religious groups were among the activities.

Stressing the term "coordinating" in its designation, the Governor's Committee continually reviews developments in the individual agencies' work in relation to the total range of programs and services for older people throughout the State. Major developments since 1956 include the following:

Income Maintenance

Increased hospitalization and subsistence grants for older people.

Employment Security and Retirement

Continuing efforts toward placing older citizens in employment.

Continuing efforts to strengthen the State retirement system through increased benefits and liberalization of the system, together with initial action toward a pre-retirement counseling program.

Health and Medical Care

Wider services from the State Board of Health for older people, including creation of a division on Chronic Illness, nursing and dietetic consultation for homes for the aging, restorative services to bed patients in their homes in certain pilot project areas, services of Mental Health Clinics to Senior Citizens' Clubs and an increasing number of older people; also, epidemiologic studies of the aging process and degenerative diseases, and a program of Organized Home Care Services for the Chronically Ill and Aged in two counties.

Continuing close working relationships between the State mental hospitals and local agencies so that the well-being of older patients is best served; and use of the interstate compact which benefits older patients as well as others by allowing them to be treated in hospitals in the States in which their families live.

Continuation of a cooperative plan between the public welfare agencies of the State and the State hospitals in planning for custodial cases to be removed from State hospitals back into communities.

Social Services and Family Life

Increasing the public welfare staff in number and skills as well as increasing the range of services offered to older people at both state and county levels; demonstration in three counties of homemaker service for the aged.

Furnishing increased volume of information to rural people through the Agricultural Extension Service of North Carolina State College concerning housing, foods, clothing, recreation, health, attitudes, tax and legal questions, Social Security, farm and home management, and income-producing enterprises for older farmers.

Housing

Expansion of program of licensed domiciliary homes for the aged and infirm, including a new program of family care homes; continuing in-service training through institutes for special public welfare staff working with the aged and for operators of homes for the aged licensed by the State Board of Public Welfare.

Education

Increased emphasis on adult education for personal enjoyment as well as for job re-training, and on developing attitudes regarding the process of aging along with the problems of aging; utilization of the television literacy program by an estimated 5,000 adults during 1960.

Augmenting library-related adult education activities through improving physical facilities to meet needs of older people (such as ground level library buildings with multi-purpose rooms); institution of special programs for older citizens; extended bookmobile service to include more domiciliary care facilities; expansion of State Library program to include the distribution of Braille and talking books in North Carolina.

Role and Training of Professional Personnel

More attention to the training of medical students, house officers, nurses and nursing home personnel in treating older patients.

Continuing courses in geriatrics and gerontology in the School of Public Health, University of North Carolina, whose faculty also teaches these subjects at the University School of Dentistry and North Carolina College, Durham; establishment of a Health Maintenance Team by the Duke University Departments of Medicine and Psychiatry, and a physical education course called "Gereology."

Continuing in-service training program of State Board of Public Welfare for case workers in local departments.

Free Time Activities: Recreation

Growing response from older people to recreation-sponsored clubs and activities leading to formation of a State Senior Citizens' Council; widening interest in the biennial regional conference on recreation for aging initiated in North Carolina, and in the "Declaration of Recreation Policy," for counties.

Research

Establishment, rapid growth and national recognition of the Duke University Center for the Study of Aging through grants to promote research, train investigators and develop a source of scientific knowledge in the field of aging.

Wide range of specialized studies at other educational centers and through some State agencies.

Local Community Organization

Organization in the one hundred North Carolina counties of County Coordinating Committees on Aging, (varying considerably in degree of activity,) with the purpose of evaluating local needs and resources, and planning for appropriate action to insure the well-being of elder citizens; participation or planning by seventy (as of June 30, 1960) counties in

county-wide Workships (individually or jointly) on needs, services and potentials of older people.

Reports from the 100 counties to the Governor's Coordinating Committee in preparation for the State Conference, July 27-29, 1960.

State Organization

This Report describes fully the North Carolina Governor's Coordinating Committee on Aging.

National Voluntary and Federal Organizations

A wide range of national and Federal organizations is represented through the membership of the various Committees sponsored by the Governor's Coordinating Committee on Aging.

To facilitate complete coverage of all areas of significance to a State concerned with its older citizens, the Coordinating Committee on Aging has invited many specialists to discuss related problems at its meetings. It has established a central file of materials on aging with the State Library. These materials are available for loan.

Among the varied publications sponsored by the Governor's Coordinating Committee have been a 1957 "Survey of Industrial Retirement Programs in North Carolina," and the following pamphlets:

Report of the Governor's Coordinating Committee on Aging, September 1956—June 1958

A New Look at the Mature Worker: A Memo to Employers (published by the North Carolina Employment Security Commission)

Legal Problems Facing the Older Person

Facts on Aging in North Carolina (published by the State Board of Public Welfare)

Reprints of three newspaper articles describing State's retirement plan

Second Report of the Governor's Coordinating Committee on Aging, July 1958—November 1959

Bibliography of materials on the aging kept up-to-date through supplements and periodic cumulations by the State Library

Library Service and the Aging (published by North Carolina State Library)

Invitation-announcement of 1960 Governor's Conference on Aging

Program for 1960 Governor's Conference on Aging

Other publications in the planning stage include a pamphlet containing suggestions for planning safe and comfortable homes for elderly people; and a folder aimed at interesting persons in areas of work where personnel are needed.

The eight chapters included in this report were prepared by eight Specialized Study Committees composed of approximately two hundred members having special knowledge in the subject-matter areas. These two hundred members came from every section of the State and represented

a wide variety of lay and professional interests. The eight areas of committee work, their chairmen, and the White House Conference subject-matter sections to which their work corresponds, are as follows:

North Carolina Committees: Number Subject-Matter	Group	White House Conference: Section	Subject-Matter
I. Research and Population	I	1	Population Trends and Social and Economic Implications
Chairman: Dr. Gordon W. Blackwell	IX	16	Research in Gerontology: Psychological and Social Sciences
Chancellor			
Woman's College UNC	IX	14	Research in Gerontology: Biological
Greensboro	IX	15	Research in Gerontology: Medical
II. Income and Maintenance and Employment	I	2	Income Maintenance
Chairman: Mr. Nathan H. Yelton	I	3	Impact of Inflation on Retired Persons
Director			
Teacher's and State Employees' Retirement System	I	4	Employment Security and Retirement
Raleigh			
III. Health and Medical Care	II	5	Health and Medical Care
Chairman: Dr. John Cassel	II	6	Rehabilitation
School of Public Health			
University of North Carolina			
Chapel Hill			
IV. Social Services	**III**	11	Social Services
Chairman: Mrs. Annette Coltrane			
Executive Secretary			
Greensboro Community Council			
Greensboro			
V. Housing and Living Arrangements	IV	8	Housing
Chairman: Mrs. James H. Semans			
Civic Leader			
Durham			
VI. Education and Recreation	V	9	Education
Chairman: Mrs. Harriet Pressly	VII	12	Free Time Activities: Recreation, Voluntary Services, and Citizenship Participation
Director, Woman's News			
WPTF, Raleigh			
VII. Family Life, Community Relationships and Religious Activities	III	7	Family Life, Family Relationships, and Friends
Chairman: Mrs. Ernest B. Hunter	VIII	13	Religion
Civic Leader			
Charlotte			
VIII. Personnel Needs	VI	10	Role and Training of Professional Personnel
Chairman: Mr. Charles B. Wade			
Vice President			
R. J. Reynolds Tobacco Co.			
Winston-Salem			
(No corresponding North Carolina Study Committees; however, North Carolina's Report in its introductory pages describes both local community organizations for aging, and the State organization plan. A wide range of national and Federal organizations is represented through the membership of the various committees.)	X	17	Local Community Organization
	X	18	State Organization
	X	19	National Voluntary Services and Service Organizations
	X	20	Federal Organizations and Programs

The papers developed by the Specialized Study Committees were made the basis for discussion at the North Carolina Governor's Conference on

Aging, July 27-29, 1960, during eight concurrent Workshops, chaired by the corresponding Committee chairmen. Pre-registrants for each Workshop received the background paper for that section in advance of the Conference, thus having opportunity to acquaint themselves with the factual material in preparation for discussion of Recommendations at the Conference.

Recommendations adopted in each Workshop section of the 1960 Governor's Conference on Aging were based upon tentative recommendations of the Specialized Study Committees, and presented to the entire Conference during its closing session on Friday, July 29, 1960. These Recommendations formed the basis for North Carolina's official Report of Recommendations to the 1961 White House Conference on Aging, which is printed in this volume.

The supplementary material entitled "Information and Suggestions from County Coordinating Committees on Aging" in each chapter was secured through questionnaires and other reports completed by local committees in each of North Carolina's one hundred counties. These County Coordinating Committees on Aging, varying considerably in degree of activity, were organized in some counties as early as March, 1958, with organization continuing through activation of the one hundredth committee in April, 1960. As of June 30, 1960, 70 counties had also participated in county-wide Workshops (individually or jointly) or were planning such meetings concentrating on needs, services, and potentials of older people. Members of the Governor's Coordinating Committee on Aging and/or their representatives have served as speakers, resource persons, and panel moderators or participants for most of these workshops. Civic, fraternal and church groups, interested citizens, local agency personnel and older persons themselves have expressed their views on the present status, unmet needs, and suggestions for meeting such needs. Several counties have held second workshops, with a view toward making them annual events. A continuing program of interest and activity on behalf of the aging in every community is one of the major objectives of such organizations sponsored by the North Carolina Governor's Committee on Aging.

Meetings of smaller scope were held in many additional counties, for fact-finding and projection of future Workshop plans.

Many members of County Coordinating Committees attended the 1960 North Carolina Governor's Conference, and injected additional information and suggestions into the discussions.

A philosophy reiterated by members of the eight Specialized Study Committees and participants in the Conference Workshops is that the prime responsibility for meeting needs of older persons rests on the individual himself; and that it is upon his or his family's inability to meet those needs that the responsibility becomes that of the various agencies and organizations, governmental and voluntary, providing services to the aging. Emphasis is placed upon the obligation of children of older persons to care for their aging parents to the extent possible.

Other basic beliefs stated in various ways in these groups include the

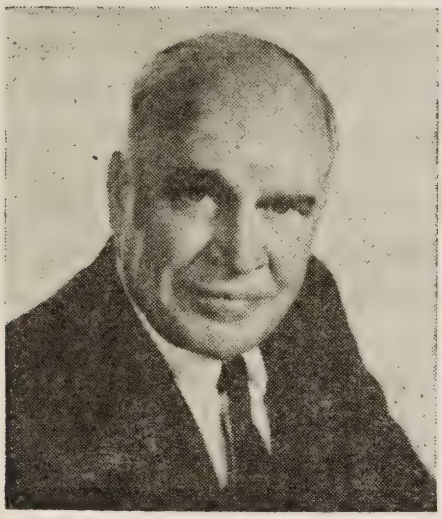
tenet that the older person should be able to remain in his own home, in familiar surroundings, so long as he desires and is able. This ability depends upon the community services available to meet his specific needs as they develop, and consequently upon sufficient personnel to supply these services. At such time that his removal from his own home becomes necessary, he should have a choice as to his future living arrangements.

The 1960 North Carolina Governor's Conference on Aging, proceedings of which follow, was a high point in North Carolina's full decade of official concern and action on behalf of its elder citizens. Both an evaluation of the present status of the aging segment of the State's population, and specific plans for a continuing program were made during the three-day Conference, whose theme was "North Carolina Evaluates Progress to Date and Plans for the Future."

Thus, North Carolina is continuously evaluating the total situation with regard to her older citizens. Much has been done. Much needs to be done and will be accomplished as we face the next decade, recognizing that our older population presents to the State both significant opportunities and major challenges.

Proceedings

The 1960
North Carolina
Governor's Conference On Aging



An invitation from

THE GOVERNOR OF NORTH CAROLINA

I invite you and strongly urge you to attend this 1960 Governor's Conference on Aging. We North Carolinians must take a good look at the opportunities we have for insuring the well-being of our elder citizens, and for utilizing to the fullest the wealth of knowledge and experience that is theirs.

This Conference is being planned by the North Carolina Governor's Coordinating Committee on Aging, whose members I appointed in 1956. Our Committee is planning a constructive and interesting program, and I hope we will have a good attendance at this Conference.

Luther H. Hodges, Governor

LUTHER H. HODGES
Governor of North Carolina

PURPOSE: That North Carolina's citizens may come together (1) to discuss the problems and potentials of our growing population of older citizens, (2) to evaluate present services and opportunities, and (3) to make recommendations for future action, both within North Carolina and to the Federal Government through its 1961 White House Conference on Aging.

JULY 27-29, 1960
HOTEL SIR WALTER
RALEIGH, NORTH CAROLINA

THE 1960 GOVERNOR'S CONFERENCE ON AGING
ATTENDANCE

More than 620 persons from 75 counties of North Carolina and visitors from other states attended the 1960 Governor's Conference on Aging.

Among those registered were chairmen, recorders and members of the eight Specialized Study Committees which prepared background papers in the eight subject-matter areas discussed in workshop groups. A large number of members from local County Coordinating Committees on Aging in the one hundred North Carolina counties comprised another large group attending the Conference. Also attending were representatives of the medical and related professions, clergy, the law, business, industry, labor and management, insurance companies, public and private service agencies, education, recreation, libraries; employment and retirement specialists, counselors, personnel directors, housing experts, research scientists, State and local government officials, several representatives from other states' Commissions on Aging, and a large number or older citizens themselves.

PROGRAM

THE 1960 NORTH CAROLINA GOVERNOR'S CONFERENCE ON AGING

"North Carolina Evaluates Progress to Date and Plans for the Future"

Wednesday, July 27, 1960

8:00 p.m. OPENING SESSION

Presiding Dr. Ellen Winston, Commissioner, State Board of Public Welfare, and Chairman, Governor's Coordinating Committee on Aging

Invocation The Rev. W. Wesley Shrader, Pastor, University Baptist Church, Chapel Hill

Purpose of Conference Dr. Ellen Winston

Introduction of Speaker Dr. J. W. R. Norton, State Health Director, and Vice-Chairman, Governor's Coordinating Committee on Aging

Address "A State's Responsibilities to Its Elder Citizens"
The Honorable Luther H. Hodges, Governor of North Carolina

9:00 p.m. SHOWING OF FILMS

Host Mr. Ralph Andrews, Director, North Carolina Recreation Commission

Thursday, July 28, 1960

9:00-10:00 a.m. GENERAL SESSION

Presiding Dr. Wingate M. Johnson, Bowman Gray School of Medicine

Introduction of Speaker Dr. Eugene A. Hargrove, Commissioner of Mental Health

Address "The Health and Adjustment of Older People"
Dr. Ewald W. Busse, Director
Duke Center for the Study of Aging
Member, National Advisory Committee to the 1961 White House Conference on Aging

Announcements Mrs. James W. Reid, Executive Secretary
Governor's Coordinating Committee on Aging

10:00 a.m.-12:00 noon EIGHT CONCURRENT WORKSHOPS

Section I. *Research and Population—*

Chairman: Dr. Gordon W. Blackwell, Chancellor, Woman's College, University of North Carolina

Recorder: Mrs. Editha Brannock, Director, Division of Statistics and Research, State Board of Public Welfare

Section II. *Income Maintenance and Employment—*

Chairman: Mr. John H. Ingle, District Manager, Social Security Administration, Raleigh

Recorder: Mr. R. Eugene Brown, Director, Division of Public Assistance, State Board of Public Welfare

Section III. *Health and Medical Care*

Chairman: Dr. John Cassel, Professor, School of Public Health, University of North Carolina

Recorder: Mrs. Mary King Kneedler, Chief, Public Health Nursing Section, State Board of Health

Section IV. *Social Services*

Chairman: Miss Ellen Douglass Bush, Director, Field Services, State Board of Public Welfare

Recorder: Mrs. Margaret Paris, Executive Secretary, Family Service Society, Raleigh

Section V. *Housing and Living Arrangements*

Chairman: Mr. Turner G. Williams, A. I. A., F. Carter Williams, Architects, Raleigh

Recorder: Mrs. W. F. Wilson, Field Representative, State Board of Public Welfare

Section VI. *Education and Recreation*

Chairman: Mrs. Harriet Pressly, Woman's Editor, WPTF, Raleigh

Recorder: Miss Nell Kennett, State Home Economics Leader, Extension Division, North Carolina State College

Section VII. *Family Life, Community Relationships and Religious Activities*

Chairman: Mrs. Ernest B. Hunter, Civic Leader, Charlotte

Recorder: Mrs. O. N. Rich, Chief, Health Education Section, State Board of Health

Section VIII. Personnel Needs

Chairman: Mr. Charles B. Wade, Jr., Vice President, R. J. Reynolds Tobacco Company, Winston-Salem

Recorder: Mrs. Bessie Starling Ware, Executive Director, The Dairy Council, Durham

2:00-4:00 p.m. RE-CONVENING OF WORKSHOPS

(Chairmen and Recorders, same as Thursday morning, with following exception)

Section V Chairman: Mr. Richard A. Short, Executive Director, The Presbyterian Home, Inc., High Point

4:00 p.m. SHOWING OF FILMS

Host Mr. Ralph Andrews, Director, North Carolina Recreation Commission

8:00 p.m. GENERAL SESSION

Presiding Colonel Henry E. Kendall, Chairman, Employment Security Commission

Introduction of Speaker Mr. Frank Crane, Commissioner, State Department of Labor

Address "Tomorrow's Challenge Today," Miss Chloe Gifford, Immediate Past President, General Federation of Women's Clubs, Member, National Advisory Committee to the 1961 White House Conference on Aging

Friday, July 29, 1960

9:00-10:00 a.m. FINAL SESSIONS OF WORKSHOPS

(Chairmen and Recorders, same as Thursday, with following exception) Section V Chairman: Mr. Willard S. Farrow, Administrator, The Methodist Home, Charlotte

10:00 a.m.-12:30 p.m. CONCLUDING SESSION

Presiding Mr. E. N. Brower, President, Brower Mills, Inc., Hope Mills, N. C.

Reports from Workshops Chairmen of Sections

Moderator Dr. Catherine Dennis, State Supervisor of Home Economics Education, State Department of Public Instruction

Introduction of Speaker Mr. David S. Weaver, Director, Agricultural Extension Service, North Carolina State College

Address "Age Is a State of Mind?" Dr. Harold J. Dudley, General Secretary Presbyterian Synod of North Carolina

Adjournment

COMMITTEES

Governor's Conference on Aging

PROGRAM COMMITTEE

Mrs. Annie May Pemberton, Chairman, Supervisor, Services to the Aged, State Board of Public Welfare; Secretary, Governor's Coordinating Committee on Aging

Miss Margaret Blee, Professor, Public Health Nursing, School of Public Health, University of North Carolina

Dr. Robert H. Dovenmuehle, Research Coordinator and Assistant Principal Investigator, Duke Center for the Study of Aging

Mrs. Corinne Grimsley, Extension Specialist in Family Relations, Extension Division, North Carolina State College

Mrs. Elizabeth House Hughey, State Librarian, North Carolina State Library

Dr. Harold D. Meyer, Chairman Recreation Curriculum, University of North Carolina, Consultant, North Carolina Recreation Commission

LOCAL ARRANGEMENTS COMMITTEE

Registration: Mrs. L. B. Crallé, Services to the Aged, State Board of Public Welfare

Flowers: Mrs. O. F. McCrary and Dr. R. Y. Winters, Raleigh Chapter, National Association of Civil Service Retirees

Proctors: Mrs. E. L. Rankin, Jr., President, and Mrs. Jack Robertson, Gerontology Chairman, Raleigh Junior Woman's Club
(and members Raleigh Junior Woman's Club)

Public Relations: Mrs. Bernadette Hoyle, Public Information Officer, State Board of Public Welfare

OPENING REMARKS

ELLEN WINSTON

Conference Chairman

It is a privilege to welcome you to this State-wide Conference and to review briefly some of the background and purpose. This 1960 Conference on Aging, called by Governor Hodges, has long been planned and is the result of much pre-Conference activity. It is built in the first place upon the results of a State-wide Conference on Aging held in this same hotel in 1951. However, activities following that Conference were terminated the following year as each organization and agency felt that it needed time to develop its own program. Then in September 1956 Governor Hodges appointed a fifteen-member Coordinating Committee on Aging which has met regularly during these almost four years and which has carried out many activities basic to our concern this evening. A number of publications have been issued so that pertinent information might be widely available. Special attention was given to our older citizens during a week designated by Governor Hodges in July in 1958 and again in 1959. Hence it is particularly appropriate that this Conference comes in July of 1960. It is really our second Conference within the year since last fall there was a regional conference on aging at Durham attended by many of you who are present this evening, with splendid representation from throughout the southeast, where special attention was given to services for older people in rural areas and small communities.

To prepare specifically for this Conference upon which we are now embarking, not only has the Coordinating Committee been extremely busy but last fall eight Specialized Study Committees with some two hundred members from across the State were set up. They have worked long and hard and much of our Conference program is based upon their factual studies and carefully developed tentative recommendations.

But this too was only part of the pre-Conference planning. We are proud to report that there has been participation in each of the 100 counties. The type and extent has varied with the great majority of all counties having active County Coordinating Committees on Aging. These have met and made plans and in many instances conducted highly successful county meetings. Others have not yet held meetings but may do so later. We have received many reports from the counties with regard to a survey of needs and resources. This is really a gold mine of information. Not all of it has been summarized because we received reports in this morning's mail and others will still come in. It is our hope that every county will be mentioned in some connection in our final report.

We are especially fortunate in the fact that the Governor is opening our Conference this evening; that he and the three other main speakers will give us new perspectives and major challenges in the broad area of Conference interest.

This has been planned as a working Conference. Each of you will choose one workshop where we hope that you will give consideration to the pre-

liminary materials and recommend such additions and modifications as you consider essential. After the workshops all of the materials including the county reports and our featured addresses will be brought together into a final report useful not only throughout the State as we plan more effectively for the decade ahead, but also as the North Carolina report for the White House Conference on Aging to be held next January in Washington.

For many of you I am sure it will be a hard decision to choose one particular workshop, because all of them are of such interest. Since this choice must be made, however, we have copies of the various reports, of Coordinating Committee publications, and other materials available in the Roanoke Room or the Press Room to the left as you go out of the Ballroom. You are free to take any of this material you may find useful. You will also note that films will be shown tonight and tomorrow afternoon, again giving the opportunity to increase our knowledge and broaden our perspective.

What is the purpose of this Conference? It is stated on your program and will be referred to again many times. Quite simply it is an effort to find answers to four questions: Who and where are our older citizens? What are their special needs? What is already being done in terms of resources? What else can and should be done?

We need to recognize that we are dealing with a wide age range in this Conference, primarily the two generations beyond 65. It is easy to generalize, but actually our concern is upon the individual. We are fortunate that most older citizens are just as independent as they have ever been. However, if they need and want special services, indeed these services must be available to them. There is no question but that much progress with regard to services and opportunities for our older citizens has already been made, much of it in the last decade. It is our hope and our expectation that this Conference will provide the basis for accelerated progress in the decade ahead.

A STATE'S RESPONSIBILITIES TO ITS ELDER CITIZENS

THE HONORABLE LUTHER H. HODGES

Governor of North Carolina

Welcome to this Conference. I commend each of you for the interest in your communities and in your state which you demonstrate by your presence here tonight. You are giving your time and your energy because of your interest in the special problems and needs of our older citizens.

May I emphasize at the outset that I do not assume or believe that the older persons in our state present unusual and special public problems to the extent that we should isolate this particular group from all other citizens, and set them apart from the main stream of our citizenship.

Our governments have certain responsibilities that apply to all citizens, without regard to age classifications. We do know and recognize that some problems are peculiar to particular age groups. Thus, on one occasion, we will need to give particular attention to the public problems regarding the health of all citizens, or regarding the matter of heart disease, or the prevention of tuberculosis. At another time we will need to have conferences to give particular emphasis to the problem of highway safety—which certainly affects citizens of all age groups. At still another time, we find it desirable and necessary to have conferences on such subjects as education, which have tremendous impact on the well-being and progress of all citizens.

I have said all of this in order to attempt to place this particular conference in proper context. I am sure our older citizens would like to have me do this. I thing it is important that all of us avoid the erroneous implication that the older citizens of North Carolina present today overwhelming public problems which weigh heavily on the shoulders of all other citizens. At the same time, we know that with the increasing longevity of people in this country we do have an increasing number of citizens who reach the age of sixty-five and over. It is estimated at the present time that there are about 310,000 North Carolinians in the age group of sixty-five and over. While the total population of our State has doubled in the last half century, the number of older people in this particular age group has increased four times during the same period.

This of course means that the elder citizen group comprises a much higher proportion of our total state population than it has in previous years, amounting in 1960 to approximately 6.7 per cent of the total population in the age group of sixty-five years and older.

The increase in the numbers in the older population group has been particularly rapid during the past decade, and during the past ten years the increase in this particular age bracket has been 37.5 per cent, compared with a total state population increase of approximately 11 per cent.

This State Conference is of course a prelude to a National Conference which is scheduled to be held in Washington, D. C., in January 1961. The

Conference here this evening has been organized and planned by a group of fifteen persons whose professional activities include special knowledge of services to the older group of our population. These fifteen persons are members of the North Carolina Governor's Coordinating Committee on Aging which I appointed in the fall of 1956 and to whom I wish to express at this time my personal appreciation for the service they have rendered the State as members of this Committee.

At the time I appointed this special Committee in 1956 I asked them to accept the responsibility of (1) reviewing current activities within North Carolina to meet any special needs or problems of the increasing number of older citizens; (2) to evaluate growing special needs and to suggest measures by which these special needs or problems might be met; (3) to report from time to time on matters in this particular area.

Some time ago the United States Congress enacted legislation calling for the 1961 White House Conference on Aging. This Conference here tonight is a part of the activity and planning taking place in all states and we hope that this particular Conference will serve at least two major purposes: (1) to help us in North Carolina better understand the problem of this area and to help us determine the best course of action we can pursue within our own State during the coming months and years; and (2) to develop findings and recommendations which can be passed on to the National Conference thereby made available to the Nation as a whole.

I am sure each of you will agree with me that you have in this Conference a very considerable task in really coming to grips on these matters and really achieving the desired purposes of this Conference. I know that you share with me the hope and the confidence that this Conference will not be just another meeting at which many persons come together for pleasant but rather general discussions, and at the conclusion of the meeting disperse to their respective homes and occupations without much information or inspiration.

I am informed that tomorrow those attending this Conference will divide into eight groups and each group will give particular study to a different but important area of interest relating to the over-all subject of the aged. I would like to comment just briefly about these particular topics which you will be discussing in detail on tomorrow.

One of your groups will give attention to the topic of research and population. I know that you will be pleased to learn that there are important research activities going on at the present time at North Carolina State College with particular emphasis on our rural population. And the Duke University Center on Aging is making good progress in the promotion of research, the training of investigators and the development of scientific knowledge in the field of aging. Undoubtedly there are more examples of such activity in our State and I hope these will be brought out in your discussions tomorrow. Most of us in North Carolina need no selling as to the importance of research, whatever the subject matter under consideration. We are research-minded; we are research-enthusiasts; and we are research-committed. Also, we do not permit ourselves to be restricted to

orthodox research activity in graduate schools of educational institutions. We don't hesitate to stride forward and make a bold venture into a completely new arena of research activity. I have reference to the Research Triangle, of which I am sure all of you have heard, and which represents in its opportunity for the promotion of industrial research a beneficial partnership between the industrial laboratory on the one hand and the academic laboratory on the other.

Another one of your special topics tomorrow will be entitled Income Maintenance and Employment. In what is perhaps less sophisticated language, this topic deals with the personal incomes of our older citizens or whether they have sufficient income to get along. As you well know, much of my interest and energy have been tied up with the income improvement of all North Carolina citizens.

Increasingly, in recent years, our State employment offices have given more attention and made more effort to educate people and particularly employers on the potential advantages in reducing hiring restrictions which are based on age. The first step in this process was to give some education attention first to the personnel of the 54 local Employment Security offices. An employment counsellor is certainly in a better position to assist older workers if the counsellor has had the advantage of some specialized training.

According to statistics which I saw a few days ago, during the past two years our State Employment offices have had 52,000 new applicants over 45 years of age who have filed applications for employment. Of this 52,000 persons over 45 years of age, more than 38,000 have been placed in gainful employment. Many of these were in addition to being older citizens physically handicapped in some way. If you make a quick calculation, you would ascertain that of the total number of applicants processed by the State Employment offices during the past two years, in the age group 45 or older, some 16,000 applications still remain in the active files, and so far as the statistics indicate, this is a problem group of citizens who have expressed a desire to secure employment but who apparently have not done so. Of course, we can assume that many in this group of 16,000 did in fact secure employment or had some change in their situation which would remove them from the active application list but who did not report this change in their status to the Employment offices. Many older citizens have a problem of getting jobs because of the employment "age policies" of various firms and agencies.

Another aspect of the topic relating to income has to do with the matter of retirement and retirement pay. The Social Security program is the most important and most effective system of retirement reaching the mass of our citizens. During recent years Social Security benefits have been improved, the retirement systems of our state government and in many instances the systems of local governmental units have been coordinated with Social Security, a development which has been of particular benefit to older citizens whose retirement was imminent. During recent years retirement benefits under our State system have been improved substantially.

Teachers or State employees retiring now are receiving more than twice (and sometimes three times) as much as they would have received prior to 1955.

A third aspect of this income topic deals with that fairly large number of elderly citizens who are not employed and who are not physically capable of engaging in productive employment. Neither are many of the persons in this group participating in any retirement system, Social Security or otherwise. Or if persons in this group do have retirement type income, it generally consists of minimum Social Security payments which are inadequate to meet minimum day-to-day living needs. For these older citizens who are not employed, and who have inadequate income from retirement or other sources, they must rely on payments from public funds under the welfare program. I am hopeful that the welfare payments of the State in the future will be increased as the income of the State increases.

Perhaps by some time in the decades ahead we will have reached the point where practically 100 per cent of all citizens who have reached the age of 65 and older will have participated in far more complete and effective retirement systems during the years of their gainful employment so that when they get to the age of retirement, their retirement compensation will be at comparative levels far above that which is now generally available, whether under Social Security or other retirement systems, and perhaps the time will come when the number of older citizens requiring direct welfare assistance will be much less percentagewise than what we have in this day and time.

Still another topic which some of you will consider tomorrow will be the subject of health and medical care for the aged. I will not attempt at this time to go into any detail as to what is done presently under governmental programs or as to what is currently under consideration and what we may foresee perhaps in the near future. Much is being done today that was not being done twenty years ago. There are some obvious needs today which demand organized action which can only come through the agencies of our government. Exactly what programs should be adopted for the future is a matter involving some considerable differences of opinion and will be discussed in the coming political campaign. Whichever way these specific questions are resolved, I am confident that within the next few years our Nation as a whole will in fact make great progress in providing better and more adequate health and medical care for the older citizens of the Nation, as the problem is becoming more acute every year.

In the meanwhile, with regard to medical aid and other kinds of aid and needs, is it too much to hope for to feel that children and close relatives of our older citizens will show more interest and become more helpful personally than many are now doing? Impersonality and institutionalizing leave much to be desired in appraising the future of our older citizens who find themselves in need.

Other items which will be considered at this Conference will be the topic of social services which are available to our older citizens, including special

activities by family service agencies, Red Cross chapters, mental hygiene clinics, as well as local departments of public welfare; and the topic of housing and living arrangements which cannot, I think, be isolated and dealt with in a vacuum apart from the other specific subjects I have mentioned. Then, there is the topic of education. It is especially good that there is a growing emphasis on encouraging older citizens to participate in organized adult education activities. We really never get too old to learn and the older citizens no less than young citizens, have a richer and more meaningful life if their minds are occupied and stimulated by individual educational endeavors. An important facility in organized educational activities for older citizens are the libraries of the State, which will also be a separate topic for your discussion.

Recreation, family and community relationships, religion, and personnel round out the list of specialized topics for your discussion.

I would like to close my remarks on substantially the same theme with which I began, and that is we should not make the mistake of proceeding on the assumption that the older citizens in our population are somehow a physically separate group which stands apart, which stands even outside the main stream of society. As a matter of fact, our older citizens are composed of parents and grandparents who live in our homes and who work in our communities, citizens whom we see at church on Sundays, as well as citizens who may be restricted to their homes by ill health. This group also of course includes those who are in institutions or nursing homes, certainly, for the most part, the group of older citizens in North Carolina are an integral and inseparable part of our total citizenship group. I think then that to the extent that we develop effective ways and means to enable older citizens meet their own problems, whether financial or otherwise, and to do this in a way which maintains them as integral parts of our community, maintaining the thread of family relationships and community relationships, then we shall be more successful in our efforts on behalf of the older citizens.

This Conference has a great opportunity to make a significant contribution in the public interest, and I wish you every success.

THE HEALTH AND ADJUSTMENT OF OLDER PEOPLE

EWALD W. BUSSE, M.D.
Member, National Advisory Committee for
1961 White House Conference on Aging

I am pleased to have this opportunity to share ideas with the participants in this conference because I know that the people of the state of North Carolina are sincerely interested in elderly people and are determined to do their part to help solve the problems of our elderly citizens. When I talk to representatives of national organizations and government officials, I am proud to say that I come from North Carolina because these informed lay and professional people are very much aware of the progress that this state has made. I have no doubt that under the able leadership of many of the persons gathered here today the state of North Carolina will continue to be in the forefront of states seeking to solve the many health and social problems which are evident in our society today.

The Meaning of Health

According to the Constitution of the World Health Organization (1946, page 1268), "Health is a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity." This definition is an ideal, a state of perfect health. If rigidly applied as a measuring device, it is doubtful that any living person would qualify for any reasonable length of time as being in a state of health. This definition recognizes that health is a composite state, and this adds to its complexity. For instance, if we could eliminate all disease from a group of people sixty years of age or older, would they really be healthy? If we adhered to this definition, the answer is, "It does not appear likely." They would not be for the simple reason that it is quite possible that there would be many social problems and this, in turn, would produce mental conflicts. In addition, there is another biological problem. Most medical research people distinguish between primary and secondary aging. Secondary aging is the loss of functioning as a result of a disease process, while primary aging is a process; that is, things change with the passage of time and these changes in the human organism are often associated with declines in functioning. Such declines as a result of primary aging are seen in alterations of perception, reduction in speed, reactions to stimuli, strength, etc.

Health, as it was previously defined, includes the idea of adjustment as evidenced by the words "social well being." Consequently, if health is conceived as such a composite state, there is evidence that physicians are not capable of taking care of all of these needs in order to make people healthy. Physicians are trained to be primarily interested in the person as a biological unit. True, the physician recognizes that the mind and body are inseparable parts of this total biological unit and that the environment in which this human functions is very important and determines many of its reactions. Consequently, physicians are interested in society; that is, the

effect of the environment upon the health of the individual. Medical research can by utilizing appropriate devices help to identify the types of social stresses which are apt to disrupt the functioning of the individual. The physician can recommend alterations in social patterns in order to reduce such stresses, but society in our democratic system must provide the methods of making the environment favorable. Sometimes groups within our society take it upon themselves to alter the environment without a reasonable basis for such action. For instance, there are some who believe that a society in which things are easy is necessarily good; that is, the less effort that is required for an individual to live the healthier and happier he will be. An easy life thusly defined is believed to be less stressful. Unfortunately, this does not really hold true as the biological unit has certain energies that must be expended. To prevent the expenditure of such energy, he merely stores them up and produces a powerful force which if contained within the body and not properly released can be very destructive to the body and to the mind. For example, all people in my opinion have a need or a drive to maintain self-esteem. This can be done by contributing to the lives of others as well as to themselves. If life is made very simple it may actually restrict the opportunity to utilize such energy in the direction of maintaining self-esteem. This society insists, "Take it easy. Don't work. We will take care of all your need." It can prevent the expression of energies, and when the energy is not properly channeled, it can result in illness and death. To support this is the commonly accepted fact that people can die when they feel that they have no purpose to live and no goal in life.

Factors Influencing the Life Span

There is little doubt that longevity is determined by a number of factors. Attempts have been made to demonstrate that the life span in mammals is related to body size; that is, the larger the animal, the longer the life span. This holds true only in a limited degree, as the rule breaks down when one considers the short life span of cows, horses, and even elephants (90 to 100 years) as compared to man. On the basis of the idea that aging begins with maturity, it has been assumed that if the age at adolescence is determined and multiplied by a constant, the theoretical life span can be calculated. The factor 13 works out reasonably well for calculating the life expectancy of a mouse or a rat; but if adolescence in man is taken to be between 13 and 16 years, the expected life span would be 169 to 208 years. This type of speculation is the basis for many of the statements that the life of man can be and should be greatly prolonged.

Other longevity calculations are based on the ratio of brain weight to body weight, length of gestation, metabolic rate, frequency of heart beat, and so forth. Rough correlations exist for each of these variables and provide interesting basis for speculations.

Experiments have cast considerable doubt on there being any fixed life span which is the endowment of a particular animal. Immature rats on a

nutritionally adequate diet containing the essential elements and vitamins, but calorically deficient, are delayed in growth and maturation. Rats that are in this manner delayed in their growth outlive considerably the control rats which are given a sufficient diet to enhance growth and onset of puberty.

That genetic influences are present in longevity is obvious. But this, too, requires much more information before it is reasonably understood. For example, it has been clearly demonstrated that the life span of increasing generations of rodifers, a small aquatic animal made up of approximately 100 cells, can be greatly expanded by selecting eggs from young mothers to propagate each successive generation. A sharp decline in expected life span results when eggs are selected from old mothers. Parental age, at least in this experiment, is an important determinant in life span. Apparently the aged parent contains an aging factor which is in some way transmitted to the offspring. By reversing the selection process, that is, by utilizing eggs from the mother with a shortened life span, but while she is young, the whole process can be reversed. This is concluded to be evidence that a gene mutation is not responsible for the shortened life span. Apparently it is an hereditary but nongenic factor.

The study of genetics as it influences the human life span is complicated and open to many pitfalls. However, it does appear that by utilizing a factor referred to as the "total immediate ancestral longevity" life expectancy can be reasonably predicted. The "total immediate ancestral longevity" factor is the sum of the life span of the two parents and four grandparents of any individual. Again it is important to realize that at this time there is no known gene responsible for extension of life span, but there are genes which result in shortened life span. These genes increase susceptibility to malfunctioning and disease.

To summarize, life span appears to be related to a) rate of growth; accelerated growth produces accelerated aging. b) It can be correlated to a reasonable extent with the ratio of body weight to brain weight, to metabolism, heart rate, duration of gestation, and other physiologic factors. c) It is influenced by the age of the mother and the life span of ancestors. Therefore, there does exist an hereditary determinant, but apparently it is nongenetic. However, life shortening genes are present.

Aims of Medical Research

Since the turn of this century there has been a remarkable increase in the average life span of the citizens of the United States and for many people throughout the world. There has been an increase in the work-life expectancy and in the number of years one can look forward to living in retirement. Paradoxically, such apparent improvement can be and often is offset by an increase in the percentage of an individual's life span during which he or she is disabled by chronic disease or confined to a bed or an institution. Therefore, medical research is not merely interested in prolonging life; rather, it is more concerned with increasing and maintaining

the functioning efficiency of the mind and body of the aged person. This, in consequence, will increase the chances of an older person to live happily in a manner satisfactory to himself and to society. To restate this aim: Medical science hopes to reduce or prevent changes associated with aging and eliminate diseases which reduce a person's power to think, feel, perceive and respond. This will permit the person to meet his needs and fulfill a meaningful role in society. It is necessary to separate out diseases so that we can understand the cause and the course of the diseases and distinguish them from the aging process *per se*. That such a separation is mandatory is evidenced by an example which is well known to all of us. This is the problem of atherosclerosis. A few years ago most physicians were content to attribute atherosclerosis to the aging process. Now it is evident that it is a metabolic disorder not necessarily related to aging but with hereditary determinates and a host of other influences.

Disease and Disability

Public Health Monograph No. 30, published in 1955 by the United States Department of Health, Education, and Welfare, indicates that there is a clear age variation in frequency curves of different types of illnesses. Above the age of 45 years, three diseases, mental illness, heart disease, and arthritis are, in order, responsible for a large segment of disability measured in terms of annual days lost. After the age of 65, heart disease and arthritis produce the largest number of annual days of disability. The largest number of annual days in bed is due to diseases of the heart, but arthritis drops down on the list being replaced by nephritis, malignant neoplasm, and cerebral hemorrhage, embolism, and thrombosis. The two major causes for prolonged hospitalization are diseases of the heart and mental and neurological diseases. As we move along through this discussion, it is important to remember that the two sexes behave differently with respect to occurrence of chronic disease and of death. For instance, hospital admissions because of cerebral arteriosclerosis are more frequent among men and senile dementia rates are higher for women. On the other hand, the four major causes of death for both male and female over the age of 65 are in order of occurrence: 1) diseases of the heart; 2) cerebral hemorrhage, embolism and thrombosis; 3) all malignant neoplasms; and 4) hypertension and arteriosclerosis.

The cost of illness of our aging population as seen from the individual's viewpoint as well as from society's viewpoint is nothing short of frightening. When I employ the word "cost," I am not confining it to the usual connotation of monetary cost, but I am also thinking of it in terms of happiness to the individual and the loss of social functions which in my opinion are equally crucial to the maintenance of our democratic way of life. Report No. 20 of the United States Department of Health, Education, and Welfare dealing with high health costs of the aged gives factual data which supports the seriousness of the loss produced by illness in our aging population. Utilizing a 1951 nationwide survey of beneficiaries of old age and survivor's insurance, it was found that 31% of all the surveyed bene-

ficiaries were incapacitated to the extent of spending some time ill in bed during the year covered by the survey. Of this 31%, forty per cent spent more than four weeks in bed either at home or in a general hospital or in an institution. Three and a half per cent of all persons were completely bedridden and one in seven required considerable assistance from others. In a study of a non-institutionalized population in Rhode Island, forty-six per cent reported themselves as being either in poor health or having serious physical handicaps. With advancing years, there is an increasing likelihood of multiple ailments which interfere with interpersonal relationships, decrease employability, increase the number of days in bed, as well as the frequency and duration of hospitalization. Scientific advancement has made possible the survival of a high percentage of our population into the advance years of life. No one would disagree that this is a worthwhile achievement, but it is now the responsibility of science and of society to improve the health status of our aged population so that they contribute to society rather than become an excessive burden which actually seriously disrupts our way of life.

Restricted Activity and Bed Disability

Restricted activity and bed disability can be the result of either acute or chronic disorders. A restricted ability day is a day in which the customary duty activities were restricted for the entire day because of an illness or injury. Spending the day in bed or in a hospital or staying home from work or school for the day constitutes restriction of a person's customary day.

A person was considered to have a day of bed disability if he spent all or most of the day in bed because of illness or injury. A day spent in the hospital was counted as a day of bed disability even though the individual may not have been in bed while in the hospital.

The survey revealed that during July through September of 1957 the number of days per person per year of restricted activity increased progressively with age. In adulthood, that is from 25 to 44, the number of restricted activity days was 14.2. In the age group 45 to 64, it was 21.1; and after 65 years of age, it was 44.4 (It is my interpretation from looking at one of the charts which is presented in this discussion that at age 65, the number of restricted activity days would be 35. If you considered all people 65 and over, it then would be 44.4)

The same steady increase shows up in bed disability days. In the age group 25 to 44, it is 4.6; in the age from 45 to 64, it goes to 6.4; and 65 years and over, it is 15.4 days.

Medical Care and the Needs of the Aged

Over the past fifty years the remarkable decline in the death rate of infants accounts for the fact that while the population of the United States has doubled, the number of persons over the age of sixty-five has quadrupled. There are between fifteen and sixteen million people in the United

States over the age of sixty-five. By 1970 this will be increased to approximately twenty million. More than one million elderly people are confined to hospitals. Although the over sixty-five group comprises only eight per cent of the population, it uses eighteen per cent of the general hospital beds and eighty to ninety per cent of the nursing home beds. According to the National Health Survey, the incidence of acute disabling conditions declines over the life span while the number of chronic diseases steadily increases. Consequently, there is an increasing need for medical facilities to care for the chronically ill, long-term patient, who does not require the expensive diagnostic and therapeutic equipment found in the general hospital nor the intensive nursing services and specialized knowledge found in these institutions. It is extremely important that steps be taken to fill this gap and provide facilities for the convalescent or chronically ill patients.

Health Insurance

I believe that it is important for me to comment on one of the most vital social and political issues facing the United States today. The words "comprehensive," "adequate," or "minimum" occur without clarification in speeches and articles concerned with health insurance for elderly people. Such words can be given a meaning which has considerable political value, but such interpretations are not necessarily consistent with the meaning of the word when it is applied to the actual medical-social situation. The two words, comprehensive and adequate, have a reassuring quality, but if we attempt to define them, we can run into considerable difficulty. For instance, adequate can be interpreted to mean sufficient funds to cover the cost of "all" required medical care or it can mean to "help" meet the cost of such care. In addition there is the complication that medical costs are not consistent throughout the United States and that the climate and living conditions frequently affect the decision for hospitalization which increases the cost. "Adequate" can also be used to imply a standard of medical care. Adequate clearly does not mean the very best medical care possible because we know that the situation in the United States today precludes this possibility. We recognize that we are not providing the very best medical care possible for many of our citizens as the health professions lack the man power, the facilities, and the funds to provide the very best care. Therefore, adequate in this sense is bound to mean less than the very best, but how much less is the crucial question. The other word, comprehensive, recurs in all discussions regarding health insurance plans; but if we are to adopt the World Health Organization's definition of health, where does the responsibility for the care of the individual terminate? Again, let me remind you that the definition of the World Health Organization is as follows: "Health is a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity." Because of this kind of problem of defining words, some people have learned to speak with caution. For example, Senator McNamara of the Senate Subcommittee on the Problems of the Aged and the Aging says,

"A program of comprehensive health insurance is required to meet the *minimum* health needs of the retired aged." The word minimum has a warning quality but it is also a more realistic use of words. Certainly, much effort has gone into attempts to spell out what is meant by a minimum health program. However, this attempt is frustrated by our actual lack of knowledge. As in many instances, we do not really know what is needed and to act as if we do and to firmly commit ourselves to a rather rigid, long-term program can be very detrimental and extremely expensive.

There is another point which I wish to make and this is the need to take into account a basic factor which must be considered in the treatment of any illness. This basic factor is motivation. It is of utmost importance in the care of patients with chronic diseases. Without motivation almost any kind of treatment procedure is doomed to failure. Motivation can be briefly defined as the desire within the individual to overcome his pain, limitations, and disabilities and to return to or achieve a position of personal and social independence. It is the desire to be capable of doing as much for and by oneself as is possible and at the same time derive personal satisfaction from this independence. Motivation or the desire to get well is both a conscious and an unconscious psychological phenomenon. Paradoxically, motivation which is consciously expressed can be in direct opposition to what is going on in the unconscious. Although motivation exists in both the conscious and the unconscious mind, it is evident that certain forces must be present in the individual and in the environment if motivation is to be present, continue, and grow. These factors are bound to physical and personal needs as well as to gains and losses. Such gains and losses are not only related to the physical status of the individual but are also related to environmental and social circumstances, and this, of course, includes financial matters. In our society I believe that it is evident that most people are less concerned about the expenditure of funds which are not regarded by them as their own money or when they feel that they have little or nothing to gain by conserving money or spending efficiently. The striving for financial security and the attitudes which it develops form a part of motivation and as such can affect the duration of hospitalization, enthusiasm for rehabilitation, length of convalescence and request for medical care. All too often it can interfere with the incentive to get well. When illness provides a secure, dependent relationship it is very hard for some individuals to actively work toward an independent existence. Certainly from a health standpoint this social attitude can be considered an unfortunate complication, but it is present and therefore it must be faced. The years of experience with the Veterans' Administration has clearly demonstrated that free medical care and disability pensions seriously interfere with motivation and prevent many patients from achieving a state of maximal functioning. Apparently for political reasons very little has been done properly to educate the public and to alter the situation. Consequently, I would like to suggest that when you consider a plan to cover the health cost of the aged do not only think of the most efficient methods of collecting and distributing funds but keep in mind that a pro-

gram which interferes with motivation will prevent the health professions from achieving the goal which we all wish to reach and that is better health for older people. If we can achieve this goal it is obvious that we will have a stronger nation. I would like to emphasize that I believe that any health program should be built around the needs of the individual and should be as free as possible from demonstrated detrimental influences. Fiscal policies should be secondary to the consideration of maintaining motivation as without motivation a state of health is not likely to be achieved.

TOMORROW'S CHALLENGE—TODAY—EVERY CITIZEN'S CONCERN

CHLOE GIFFORD

Member, National Advisory Committee for
1961 White House Conference on Aging

I was delighted to have Dr. Winston invite me to participate in this conference. I am tremendously interested, as all of you, in the numerous problems that face us as together we face the future. But may I be frank and say the main reason I accepted with alacrity was that I love coming to this state of North Carolina. You not only have lofty mountains, beautiful sea coast and superior institutions of higher learning, you have people who know how to live richly and well. Nowhere in the world have I found individuals who are more hospitable, friendly, gracious, and more cooperative than I have found all over North Carolina. The club women of this state have been kind to me during the years and I am sincerely grateful.

Now, to the task at hand. May I first refresh your memory as to some of the mechanics of the White House Conference on the aging. 52 states and territories are actively participating in preparations for the conference. The appointee of the governor in each state is responsible for state action.

150 men and women from all over the United States have been appointed to a bi-partisan advisory group. This committee is organized into 20 Planning Committees responsible for 20 different conference subject matter areas.

The conference will be held in Washington, D. C., January 9-12, 1961. 1740 of the 2800 delegates have been apportioned to the states and the territories; 660 delegates from National Organizations that carry on well established programs in the field and 400 delegates will include National Advisory Committee, consultants and others.

During the year 1960, 500,000 men and women will be forced out of their jobs by compulsory retirement plans. Why, may I ask, was this magic number selected separating the productive from the unproductive, the healthy from the unhealthy? I have spoken to a number of eminent physicians who tell me certainly there are degenerative signs as individuals grow older, but they see many now at 65 and over in excellent mental and physical condition. Said doctors point out that forced retirement can do irreparable mental and physical damage to an individual. A recent study points out and I quote: "The change from provider to the one being provided for is the major causative factor in emotional disorders of the aged." One of the causes of premature and preventable senility is simply monotony and boredom.

What about "hiring discriminations" against men and women in the middle years? Today a woman of 35 years of age must be in the job she expects to remain in—a man, 40 to 42. This fact, it seems to me, should be of grave concern to us.

Certainly we need the vigor, the imagination, the vitality of younger men and women; however, it seems to me we also need the wisdom, skills, and the experience of the able-bodied older group.

Medical science has increased the life span by many years. Why, my friends, should we live longer and not be permitted to lead an active life? I am definitely opposed to the present retirement plans. Why not set up some type of scientific testing service that will determine, regardless of age, when an individual's work load should be lessened? I am not suggesting that we abandon retirement, but we must review the plans and develop retirement policies which fit the medical, economic and social life of today. Let me remind you that many of our wisest statesmen, scientists, artists have made some of their greatest contributions after the age of 65.

In many types of jobs, for example, research, consultation, some teaching, et cetera, there is required wisdom and experience which only years can bring. Naturally I do not want to see individuals who hold jobs that would endanger the lives of others remain in their jobs until they show signs of senility—for example, airplane pilots, bus drivers, railroad engineers—these individuals we should transfer to positions which do not carry such dangers.

I am constantly suggesting to the women that they worry less about the wrinkles in their faces and more about wrinkles in their brains. What about encouraging working people to retire gradually as housewives and farmers do?

May I ask a question—Can we afford an aged population? The over 65 group constituted less than four per cent of our population in 1880. It is estimated that it will reach 12% in 1975. Then there will be 25 million over 65 years of age. Some of us here tonight remember the problem during the depression years of around 20 million unemployed—How then will we face the problem of 25 million in 1975—not only unemployed, but many of whom afflicted with diseases of later years. It seems to me we will be faced with an ever-declining percentage of producers having to support an ever-increasing percentage of non-producers.

Now a word concerning Social Security. We must remember that Social Security was not enacted in the mere interest of individuals over 65. It had its inception in the heart of the depression where there were few jobs and too many workers. It would seem that this program should have careful scrutiny. Some authorities feel that Social Security payments should be placed on a straight annuity basis payable at stated age regardless of whether the individual works or not. This would enable oldsters to gradually reduce their work load without greatly reducing their income.

In most all of the testimonies before the Senate Sub-Committee, it was pointed out that Social Security has not discouraged savings. There has been an increase in personal savings and life insurance holdings.

The average monthly social security payment is less than 25 per cent of the average take home pay. One can readily see that this account is woefully inadequate. I sincerely trust that we will study the relationship between benefits and workers' earnings.

It was most revealing to hear the testimonies given before the Sub-Committee of the Senate. Senator McNamara as well as the other members of the Committee were eager to hear what the representatives invited

to testify had to say. One said in part: "If we continue to relegate older people to the sidelines—financially, medically, and socially—the financial burden to this country of a growing number of institutions for the aged will be too fantastic to conceive." Senator McNamara replied, "Some way must be found—we cannot continue to build more and more State institutions."

I have been tremendously interested in the realistic approach you good people have made in regard to preparations for the White House Conference to be held next January in Washington. It is my sincere hope that the great concern and dedication of all the delegates from the 52 states and territories participating in the January conference will bear meaningful fruit in the months to follow, and that our deliberations there will provide important guide lines for all of us to follow in the years ahead.

For—make no mistake about it—we are all involved. We must never forget that in problem-solving today the most common denominator is the individual—you, I, and our neighbors. You and I are responsible for what is going on around us on the local and the national scene, and however unwilling and reluctant we may be to do so, the time has come when we must also accept responsibility for trying to help solve some of the world's problems and ease some of its burdens. No one can stand idly by today and wait for situations to clear up by themselves and for issues to disappear of their own accord.

I know that the recent scandals in the television industry—the rigged quiz shows, the unfortunate question of payola have made many of us feel embittered and disheartened. "What's the use?" we ask ourselves. "Why bother?" "There is nothing I can do."

It seems to me that the very first thing we can do is to reaffirm our faith—in ourselves and in others. We can recognize the situation that exists—no use to take the ostrich attitude and refuse to admit the facts. We can re-dedicate ourselves individually and as members of active groups everywhere to a greater moral awareness, a more intense realization that ethical behavior cannot be legislated, that honesty and decency and compassionate understanding and high principles are the result of training and discipline and a true standard of values—not of laws or regulations inscribed on the statute books.

I know you share with me the knowledge that the months and the years ahead will not be easy and that there will be many difficult tasks which we will be called upon to perform. I ask you to bear in mind, always, that the future begins Today. *Now* is the time when we must show courage and display the qualities of true leadership. *Now* is the time for each of us to resolve to be constructive in our thinking, fearless in our point of view, forward-looking in our ideas, touched with insight and imagination in all our plans.

AGE IS A STATE OF MIND?

HAROLD J. DUDLEY, D.D.

Age Is a Quality of Mind

"If you have left your dreams behind,
And you no longer look ahead,
And hope is cold,
Then you are old—

BUT—

"If in life you see the best,
And if in life you still find zest,
No matter how the days go by,
No matter how the birthdays fly,
You are not old!"

—Author unknown.

I have just returned from my first tour of Europe. As strange as it may seem, I was billed as the Director of the Tour. In view of the fact that my party, leaving out one person, averaged just short of 70 years of age, I make bold to claim, that the experience of those 30 days, qualified me as an expert on senior citizens!

Some weeks prior to the tour our sponsors held a party in Raleigh, to which were invited all interested persons. To our surprise, among them was a lady, 75 years old, who having heard of the party, traveled half the day from Charlotte to be present, and back home again by night. We welcomed her and engaged her in conversation. After a time she turned to me and said, "I'll go to Europe with you if you promise to take me to the follies and a night club." I promptly promised, and she countered, "I don't care about seeing dead things in a museum. I want to see alive things." I couldn't help thinking about the song of a generation ago.

"Old Aunt Jamima, who is past eighty-three.
Shouting, 'I'm full of pep.
Watch, oh watch, watch your step'."

We are told that every twenty-five seconds another person in the United States reaches the age of 65. That means that during the time I address you some fifty-odd persons will attain the status of senior citizens. That's about 145 an hour and about 3,480 in a 24-hour day, and 1,370,200 per annum.

In Christ's time life expectation is said to have been only 23 years. Even as late as 1900 it was just 47. Several years ago I was visiting in the old Bruton Parish graveyard in Williamsburg, and a guide called to our attention that the average age of the inhabitants as recorded on the tombstones of the Colonial period was 39. Today it is 70.

In fifty years the population of our country has a little more than doubled but the number of people over 65 has quadrupled. In North Caro-

lina there are more than 300,000 senior citizens. That's three cities, each a little larger than Raleigh. And my understanding is that just a few years ago eight out of ten of these senior citizens did not have adequate retirement income!

Christianity early taught responsibility for others. I think the concern for the aged, though the ancient Jews had long since practiced parental care, might be said to have had its inspiration on the cross, when Christ said to John, "Behold, Thy Mother." The Apostle Paul wrote to young Timothy: "If any provide not for his own, and especially for those of his own house, he hath denied the faith, and is worse than an infidel."

The program in which we engage ourselves during these days is an ancient and honorable one. I have not traced the history of the movement in detail, but I took a keen interest in learning while visiting last month the town of Warwick in England that

> "The finest example of a timber-frame building in the town, Leycester's Hospital, was originally built for the gilds of Warwick in the fourteenth century—the gildhall inside has been recently restored,—but from the reign of the first Queen Elizabeth, it has been used as an almshouse for aged men, and is still run on lines laid down by its founder, Robert Dudley, Earl of Leicester."

Age Is a State of Mind

Some weeks ago I arranged for a conference with six octogenarians in our own Presbyterian Home for Senior Citizens at High Point. I wanted to know what they think, and say, and do. They were most interesting and quite communicative. Their re-curring theme was (and I quote them): "This is our Home—there is no place like Home. This is not an institution. This is a place where we have security, where we are cared for and loved—it is wonderful to have a Home—it is a Home." However, there was one dear old soul who said nothing for a long time, while all the others were chirping these refrains like happy birds. Finally, she, with a twinkle in her eyes that was reminiscent of youth, said with deep conviction:

> "Age is a state of mind. Iife is a great adventure for me—not a drawn-out lamentation. I've gained more than I have given."

"What a sermon!" I thought. "Worthy to be inscribed in marble with letters of gold." AGE IS A STATE OF MIND. That, my friends, was a *declaration,* and by one well past eighty years of age. It was I who added the question mark—Age is a state of mind? It it? I don't quite know, for sure. That is, I don't know that I know. I've just turned 58. However, one thing I know is, that I detect signs (rather prominent) of something that is more than imagination. Reference, of course, is to baldness, bridges, bi-focals, and bulges, none of which I used to sport.

I find myself quoting quite frequently to myself, "The spirit is willing but the flesh is weak." The stairs are steeper, too, and of course, there are more steps than there used to be.

Now, it would be great to know that I am entertaining a delusion and it would be even greater if I knew that each day I could recite an incantation such as,

"Day by day in every way,
I grow younger and younger."

Or, some more romantic rendering such as being, "the answer to a maiden's prayer." Incidentally, nothing so helps the ego of an oldster as the whistle of a she-wolf.

Several years ago Carl Goerch, in one of his inimitable articles on North Carolina, told of an elderly couple he encountered in a local hotel. They were returning from Florida, where they had been ordered by the doctor for the gentleman's health, Mr. Goerch gathered that the finest tonic the old gentleman had received, according to his testimony, while in Florida, was the sight of the pretty girls on the beach.

When Gypsy Smith came to Birmingham about 1943, to conduct a five-weeks evangelistic crusade, I was in charge of Publicity. The reporters were on hand in abundance at the hotel the afternoon of his arrival. Their chief interest lay in the fact that the octogenarian had recently married a lovely young woman, and they were determined to ascertain her age. Question after question was shot at him, awares and unawares, in an effort to trap him, but all in vain. At length, however, in reply to a sharp inquisitor, he gave them the well-known clinche: "A woman is as old as she looks; a man isn't old until he stops looking." That settled it, and they let him alone. No wonder he was going strong right down to the wire, dying aboard ship while crossing the Atlantic on about his 40th voyage, age 90 plus.

Incidentally, it is amazing how sometimes our senior citizens take on new life. I was recently talking with a lovely lady from Durham, who reported that her aged father, retired and residing in her home, and subject to special care and attention as to his health, his diet, his habits, etc., suggested that her two sons, 16 and 12, accompany him on an outing to Atlantic Beach. Against her better judgment, she consented, but not without giving implicit instructions to the boys on grandpa's care, including alerting the doctor at Morehead immediately upon arrival, rigid diet, early retirement, and the like. When they returned home several days later, she promptly made anxious inquiry regarding Daddy. First she inquired after his diet, and was informed that the three of them had devoured ten eggs each morning for breakfast. The Mother suggested that the boys certainly had ravenous appetites. "No, no," they replied. "Grandpa ate more than we did." "What of lunch?" she queried. "We bought him two hot dogs at the cafe." "You know you didn't," she remonstrated. "Oh yes, we did," came the prompt reply, "because that's what he wanted." "Well," she posed next, "I'm sure you got Dad to *bed* early, at least." "Sorry," was the laconic reply. "We didn't—it was late." "Well, you didn't leave him alone?" pleaded Mother. "No, ma'am, we didn't," came the prompt answer. "Well, I'm glad to know you stayed with him." "No ma'am, we didn't," they re-

plied. "He wanted to go everywhere we went." Now exasperated, she ventured one last shot: "Did he take a nap each afternoon?" "No ma'am," came the monotonous response. "Well, what did he do?" she demanded. "He walked up and down the beach, looking at the girls."

Age, my friends, *is* a state of mind.

Age Is a State of Body

But age, unfortunately, is a state of body also. And there's the rub, for it is well known that more often than not the mind matures while the body decays. This phenomenon has been often expressed by the saying, "My get up and go has got up and went." And that is the meaning of "the spirit is willing, but the flesh is weak." You psychologists know that growth is overtaken by aging sometime around the twentieth year. Actually aging begins at conception and proceeds until death. This is the result of metabolism and katabolism, the constant birth and death of cells. Dr. Stieglitz, distinguished geriatrician, even goes so far as to say that about 99% of our capacities for growth and development are spent before we are born. Of the remaining one percent, the larger share, he holds, is consumed or dissipated in youth. He concludes that it is amazing how much may be accomplished during the declining years with the tiny remaining fraction of our original biologic energy.

These facts only emphasize the importance of psychosomatic interrelationships—the influence of mind over body and vice versa. Our interest is primarily in the former, mind over body.

Some years ago I was talking with the late Dr. E. E. Gillespie, of Greensboro, regarded as the Apostle of the Synod of the Presbyterian Church because of his saintliness and other noble characteristics, about the practice in our denomination of churches calling men under 40 years of age in preference to older and more experienced men. In as near disgust as I ever saw him, he said as he lifted his huge hand and brought it down. "Some men are old at 50 and some are young at 75." He himself was then past 80, and as vigorous as most men half his age.

You see, though age is a state of body, it may be of mind over body.

What Dr. Gillespie was saying is what Nouy pointed out in comparing biological time with chronological time. It is possible, for instance, for a man of fifty to have a sixty-year-old heart, a forty-year-old pair of lungs, a forty-five-year-old set of kidneys, and a fifty-five-year-old liver.

This interrelationship of mind over body was never better illustrated than in the life of the late Dr. Charles G. Vardell, President of Flora MacDonald College, at Red Springs, who mastered the art of staying young. He died two years ago, age 98. In 1940, the Kinston Presbyterian Church dedicated a new church and former ministers, including Dr. Vardell and myself, were invited back. Another former pastor, who was not famous for tact, was called upon to make brief remarks. In covering the span of years between the first pastor, Dr. Vardell, and the incumbent pastor, Dr. Thomas H. Hamilton, this minister with a sweeping gesture from one side of the

pulpit to the other, as he pointed first at Dr. Hamilton and then Dr. Vardell, proclaimed, "From my young friend on the left to my aging brother on my right, who has one foot in the grave . . ." Immediately near bedlam was created in the congregation as Dr. Vardell, 80 years of age, stamped his foot, and shook his head, protesting, "No, No, No, No, No"—ad infinitum. Several years later the Flora MacDonald College bulletin carried a full page in six point type, an article which began by saying that Dr. Vardell had been to Washington, D. C. for a medical check-up. Then the editor lapsed into detailed account of business enterprises which Dr. Vardell had undertaken while in Washington. The number was legion. At length the Editor caught up with himself, and abruptly closed the article by saying, "Oh, by the way, we forgot to say that the medical check-up indicated that Dr. Vardell is in perfect health."

Men like Dr. Vardell convince us that age is, or may be, for each one of us, a state of mind—of mind over body.

A minister friend of mine preached a sermon last year on "Senior Citizens" from the text, "Do not cast me off in the time of my old age; forsake me not when my strength is spent." (Psalm 71.11) He posed the proposition that "there is a man out there in the future, waiting for each one of us, the man we will be if we live long enough."

This fact, he argues, is sufficient for each of us to show more concern for those who already have caught up with that man, for the day will come when we will be that man, and will need the consideration of others. In his sermon he told a Grimm's Fairy Tale, to the effect that a young couple cared for the husband's aged father. One day, because the old man was clumsy handling his food, the daughter-in-law placed him in a corner, where he was required to eat his food from an earthen-ware dish, all alone. There came another day when the poor old man, nervous and trembling, dropped the dish and broke it, whereat the daughter-in-law said, "Very well, if you are a pig, you must eat out of a trough." So they made him a wooden trough to eat from.

One day they saw their little son, whom they adored, carving in wood, and they asked him what he was doing. He replied, "I'm making a trough to feed you out of when you get old and I get big."

Age is more than a state of mind. It is also a state of body, for even those who grace old age with dignity ultimately succumb; hence, the words of Ecclesiastes are even appropriate:

> "Remember also thy Creator in the days of thy youth, before the evil days come, and the years draw nigh, when thou shalt say, I have no pleasure in them; before the sun, and the light, and the moon, and the stars are darkened and clouds return after the rain; in the day when the keepers of the house shall tremble, and the strong men shall bow themselves, and the grinders cease because they are few, and those that look out of the windows shall be darkened; and the doors shall be shut in the street; when the sound of the grinding is low, and one shall rise up at the voice of a bird; and all the daughters of music shall be brought low:

yea, they shall be afraid of that which is high, and terrors shall be in the way, and the almond-tree shall blossom, and the grasshopper shall be a burden, and desire shall fail; because man goeth to his everlasting home, and the mourners go about the streets: before the silver cord is loosed, or the golden bowl is broken, or the pitcher is broken at the fountain, or the wheel broken at the cistern, and the dust returneth to the earth as it was, and the spirit returneth unto God who gave it."

—Ecclesiastes 12: 1-7.

Age Is a State of Grace

This leads me to conclude that Age is a state of grace, whether it be one or 100. An elderly woman went to a famous artist to have her portrait done. She said to the artist, "Young man, now you see that you do justice to me." "Madam," replied the artist soberly, "What you need is not justice, but mercy." And so do we all, whether a score or three score years.

Too often we misquote Browning, or only half-quote him. Some apparently either are atheists or are afraid to be religious. They quote only part of Browning. They say, "Grow old along with me—the best is yet to be." Or to that they may add,

"The last of life, For which the first was made."

However, Browning said neither of these things alone. This is what he did say,

"Grow old along with me!
The best is yet to be,
The last of life,
For which the first was made:
Our times are in His hand,
Who saith, 'A whole I planned,
Youth shows but half; trust God: see all, nor be afraid'."

There's a lot of difference: the difference between the Far Country of the Prodigal Son and his Father's home.

Conclusion

In closing let me make two appeals. First, to all of us who are interested in our senior citizens, I suggest that we cultivate the art of understanding. That includes knowledge, sympathy, empathy, and patience in dealing with senior citizens. The greatest story on pedagogy I ever heard was told by Dr. Dunnington of London, a late president of the World Baptist Alliance in 1950 at the World Sunday School Convention in Toronto. He said, "I am a grandfather. My daughter has a little boy, a year old. Recently I visited her, and on an occasion she placed the little fellow in his pen. However, he promptly pulled himself up on the side of the pen, and pointing up, said, 'Out!' 'Out!' Just as peremtorily my daughter pointed thumbs down, as very positively she replied, 'In,' 'In.' I asked myself, "What should a

grandfather do under such circumstances?" After a brief pause, I concluded what I should do, and without hesitation, I climbed over in the pen and sat where he sat, and played where he played."

The story is not told to imply that senior citizens are all senile and childish. Far from it, as you psychologists know. It is told to impress upon us the necessity as teachers of identifying ourselves with those whom we love and would serve.

The other suggestion I would offer is that we both practice ourselves and teach others to cultivate joy in aging. Some years ago I heard Dr. Clovis Chappell, the distinguished Methodist minister, say, "Old age is honorable but abominable." Nevertheless, he added that he, who then was in his late sixties, was thoroughly enjoying growing old. We need to teach and practice a philosophy for aging, and no tonic is better than that of cultivating happiness.

Many years ago I preached in Snow Hill. Among the good people of that good town were Mr. and Mrs. Hardy Sugg, who when I knew them were past middle life. It was towards the end of the depression one night when I was having supper in their home that Mrs. Sugg, genuine homespun, complained at some length, and with some bitterness of the evil effects of the depression. She told how they had worked hard to accumulate considerable holdings, only to lose a good part of them. She said that she had herself raised chickens, sold eggs, milk, butter, and vegetables in order to get ahead, and then suddenly it all had to be swept away. All the time Mr. Sugg, a diamond in the rough, who was never a man of many words, listened silently. However, "finally at last," to use a phase of a nearby Kinston resident, Mr. Sugg managed to get in a few words edge-wise, and this is what he said, "Well, I'm having more fun making it the second time than I did the first."

As we run the second mile, may we have more fun than we did the first. And may many follow in our train.

RESOLUTIONS ADOPTED AT THE CLOSING SESSION

North Carolina Governor's Conference on Aging

July 29, 1960

Resolution 1.

Whereas, this North Carolina Governor's Conference on Aging, from its concept throughout its implementation has been organized and conducted in a most cooperative and efficient manner, and

Whereas, through serious and considered deliberations this conference has been productive of much potential for good for the senior citizens of North Carolina and of this nation, now, Therefore, be it

RESOLVED that this Conference, in concluding session, unanimously express its appreciation and gratitude to Governor Luther Hodges, Dr. Ellen Winston, and to each member of the Coordinating Committee as well as its Secretary and Executive Secretary for the work and thought which they have contributed to make this a most successful Conference.

Resolution 2.

Whereas, this North Carolina Governor's Conference on Aging has obviously been provocative of much thought and discussion which will eventually be productive of better facilities and care for our elder citizens, and

Whereas, there are yet areas unexplored and uncharted in the general field of chronic disease and aging process, and

Whereas, this type Conference best lends itself to exploration, study, discussion, and eventual resolution of problems in this area, now Therefore be it

RESOLVED that future Governors of North Carolina be acquainted with the efficiency and potential of this type Conference, in the hope that they may see fit to continue these Conferences at Periodic intervals, perhaps shortly prior to each Session of the Legislature.

The Eight Subject-Matter Areas

Factual Reports of the Specialized Study Committees

Information and Suggestions from the One Hundred

County Coordinating Committees on Aging

CHAPTER I.

RESEARCH AND POPULATION

NORTH CAROLINA'S OLDER POPULATION

A large number of people above 65 years of age comprising a sizeable proportion of the total population in any society is, relatively, something new under the sun. Countries or societies containing a "high" percentage of older persons are quite few even in these modern times, and the total populations of these countries combined comprise a very small proportion of the population of the world. A high proportion of older people is possible only in a society which has an economy of abundance. This concept of abundance is made up of a host of elements: adequate and stable food supply; widely distributed medical services and hospital facilities; a rational approach to sanitation by individuals and communities—these elements and more, but the twin foundation stones are research and education. A functional intertwining of all these elements makes possible an increasing proportion of older people.

On the other hand, the social status of the older citizen is very different in a society characterized by rapid change as compared with a society characterized by tradition; i.e., relatively unchanging generation following generation. In a traditional society, the older citizen has high prestige and is accorded high esteem. His accumulated knowledge and folk wisdom is sought by all members, and this accumulation is thought to be necessary for the sheer continuation of the community.

In a rapidly changing society, the accent tends to be placed on youth because, in some respects, adjustments are quicker and easier. The net effect, then, is a lowered status for older people in the changing society. Out of this complex develops what in American society has been labeled as the "problems of the aged." An abundant economy affords the opportunity of living long enough to attain the status of older citizen; but developing necessary and satisfying roles for the older population is a great challenge in our rapidly changing American society.

As we enter the new decade and look forward into the next 10 years in the area of Social Gerontology and Geriatrics, there are many questions to which we have only partial answers. Probably there are an equal number of unanticipated questions which we cannot now foresee. In this, as well as in other aspects of human and social relationships, the problems which are most grave and most troublesome arise where we have the least theoretical and factual knowledge. One of the first steps in considering the implications of the aging population in North Carolina is for welfare, educational, health, and recreational agencies to reevaluate their activities and seek to determine whether their programs are adequate and whether their efforts are producing adequate results.

As citizens we should attempt to take action which will alleviate, not compound, situations into which our ignorance or personal biases have led us or into which we have slipped by accident. An increase in the

number of the aging will create certain kinds of problems that either were not with us or were minor in the 1950's. Further, the numerical increase in the older ages will accentuate some of the problems of which we have already been aware; these include inadequacies in hospital facilities, in housing for the aged, in income maintenance, in mental health, and in welfare services.

There seem to be two faults against which those working in the field of aging should continually guard. The first is that, in our honest concern for the welfare of the aging who need our care, we should not force on them projects, programs, and plans which, although we feel are needed, bear no relation to the personal needs and desires of these older citizens. We should keep in mind that the aging population is composed of individuals who differ from each other in innumerable ways. Each has his own set of values, attitudes, and tastes, so what may be good for one may not be good for the next. In other words, let us deal in terms of individuals, not the mass of statistics concerning our elders.

Second, because of our interest in this segment of the population, we should not be tempted to neglect the health, education, and welfare of the younger segment of the population of the State. Our interest in younger people should be directed toward the goal among others, of preparation for well-rounded old-age through continuing education and helping them live full and useful lives.

Compared with most societies in the world, North Carolina must be considered as having a relatively abundant economy. Too, as a part of the total American society, North Carolina may be characterized as a rapidly changing society. These two concepts must be constantly in the forefront of our thinking as we examine the patterns of North Carolina's older population—a real demographic revolution.

POPULATION TRENDS

Increasing Numbers

The number of older people, 65 years of age and over, is rapidly increasing in North Carolina. According to the best available estimate, there are now about 310,000 North Carolinians in this age group. The total population of the State doubled in the half century from 1910 to 1960, while the number of older people increased fourfold during this period. Even more striking is the fact that this age group doubled during the two decades 1940-1960. (See Appendix A, Table 1, and Figure 1, below.)

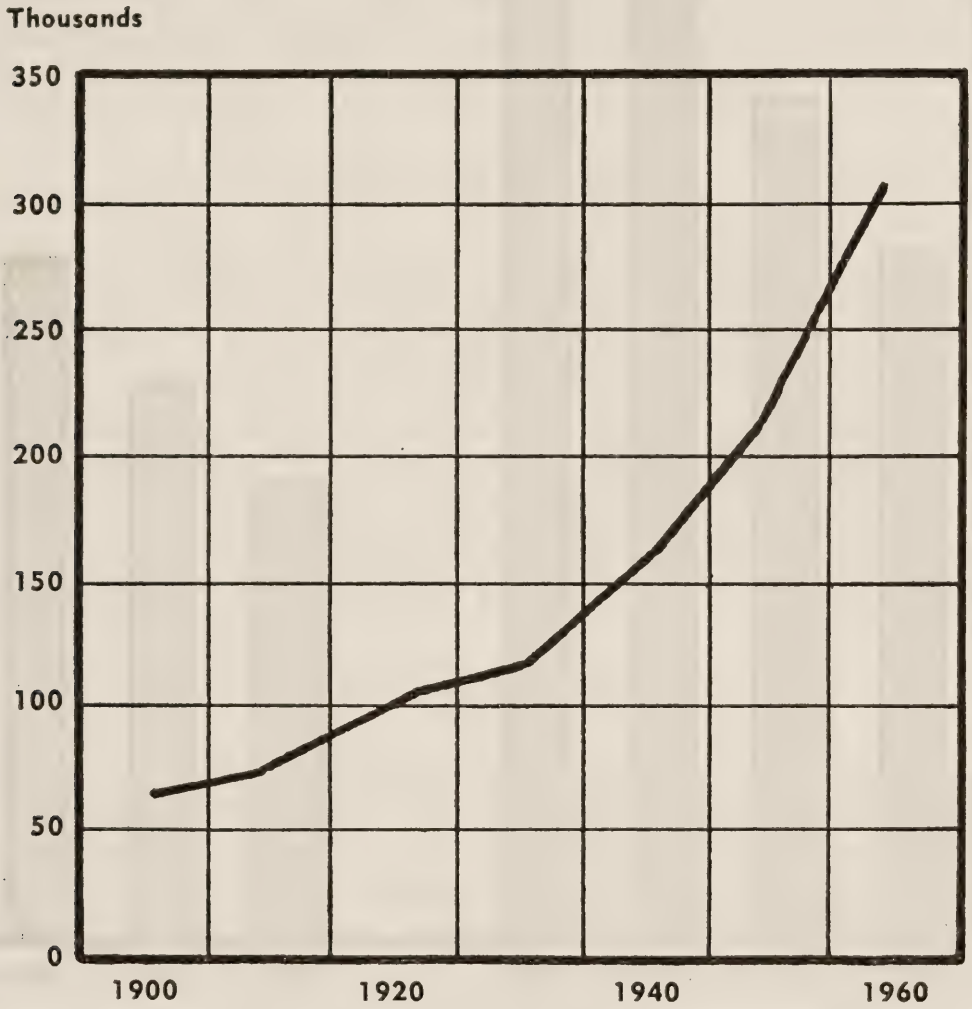


Figure 1. Number of persons 65 years of age and older, North Carolina, 1900-1960

Proportion Increasing

The older population comprises a much higher proportion of the total population than in previous years. In 1960, 6.7 percent of the population is in the age group of 65 years and older; this is nearly double the percentage of a half century earlier. The increase has been most striking during the last three decades. However, the proportion of older people in the

State is considerably lower than that for the nation as a whole. The direction of change is the same, but North Carolina is lagging about two decades behind the nation—and, this trend is very marked. (See Appendix A, Table 1, and Figure 2.)

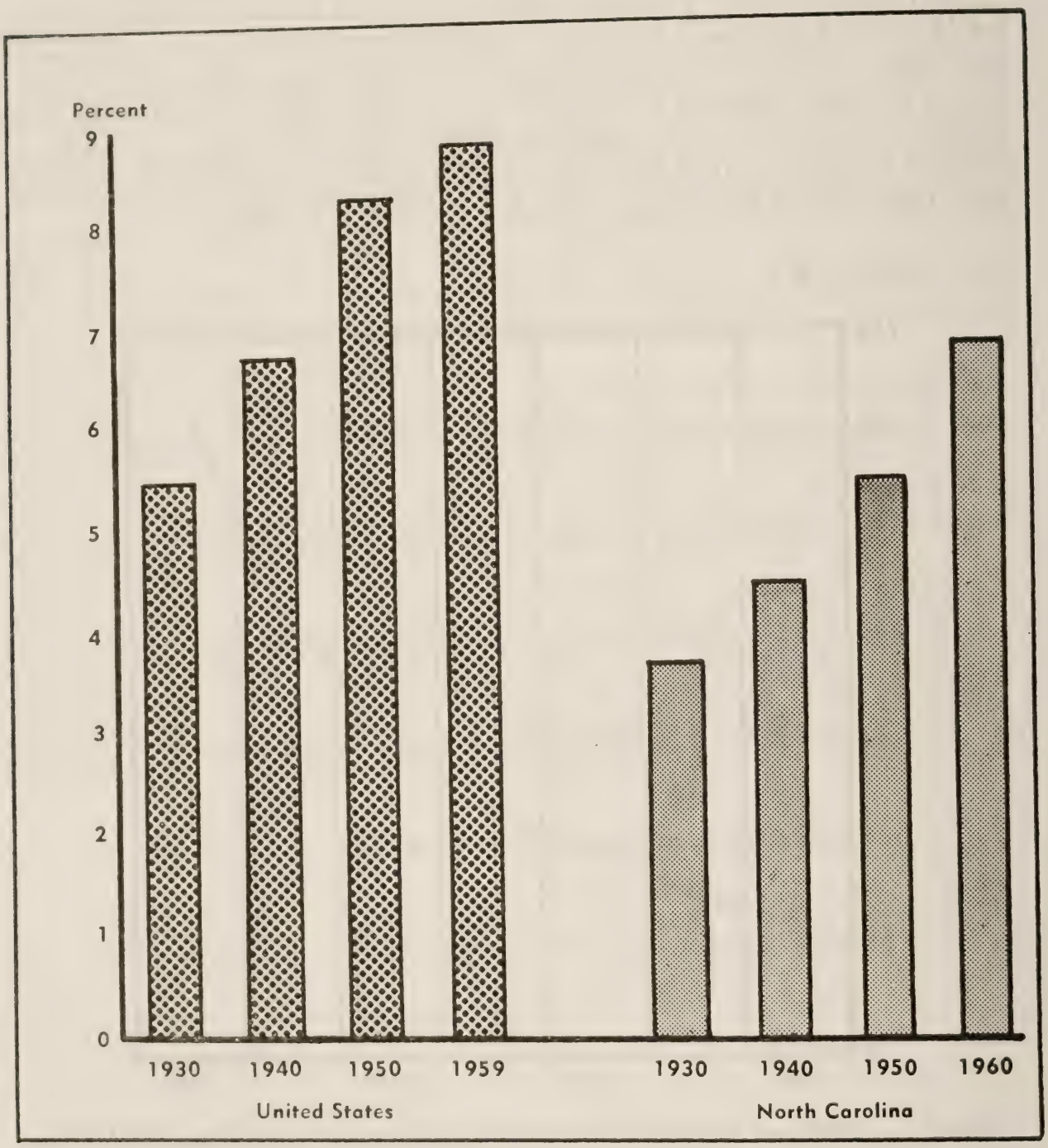


Figure 2. Percent of the population 65 years of age and older, United States and North Carolina, 1930-1960

Record of a Decade, 1950-1960

During the decade 1950-1960, the older population increased by an estimated 85,000 in North Carolina. From 1950 to 1960 there was an estimated

increase of approximately 3,185,000 in the nation. In North Carolina, the population in this age group increased by 37.5 percent in the decade as compared with 26.1 percent in the nation. During the decade the total population of the State increased an estimated 14 percent. As a consequence, the proportion of the total population in the older age group increased from 5.5 percent in 1950 to 6.7 percent in 1960.

Older Elders

An analysis of the older population by a more detailed breakdown by age is revealing. In 1960 approximately one-third of the older population in the State is comprised of persons who are 75 years of age or older; in fact, there are more than 100,000 people in this age group. The 65-69 age group contains about 40 percent of the total, and the remaining 27 percent are in the 70-74 age group. (See Appendix A, Table 2.)

White and Nonwhite

The white population is much more heavily weighted with older people than is the nonwhite population in the State. In 1960, 7.2 percent of the white population is 65 years of age and over, while the corresponding figure is only 5.1 percent for the nonwhite population. In 1960, the white population makes up about 74 percent of the total population but approximately 80 percent of the older population of the State is white. An analysis by age groups within the older population shows that this is a uniform pattern; i.e., the white population is more heavily weighted with older ages than the nonwhite in each age group above 65 years. (See Appendix A, Table 2.)

Males and Females

Females continue to live longer than males and, as a consequence, females outnumber males in the older population. This is true for both the white and nonwhite population in the State and in the nation. For the white population in 1960, 8.1 percent of the females are over 65 years of age as compared with 6.4 percent of the white males. Correspondingly, 5.4 percent of the total female nonwhite population is 65 years old and older as compared with 4.8 percent of the nonwhite males; there are about 35,000 more females than males in North Carolina's older population. (See Appendix A, Table 2 and Figure 3, below.)

Sex Ratios

The sex ratio is a convenient index for showing the unequal distribution of the sexes in any population. The sex ratio expresses the number of males per 100 females in a population. The following are the sex ratios for the older population of North Carolina by color and age in 1960:

	White	Nonwhite
65 years and over	78	84
65-69	82	83
70-74	81	88
75 and over	72	83

The data show a greater proportion of nonwhite males than of white males in the older population of the State.

There are few either more striking or significant demographic characteristics of the older population than the unequal distribution of the sexes. Practically all the available evidence points to the fact that these differences are likely to become greater with the passage of time.

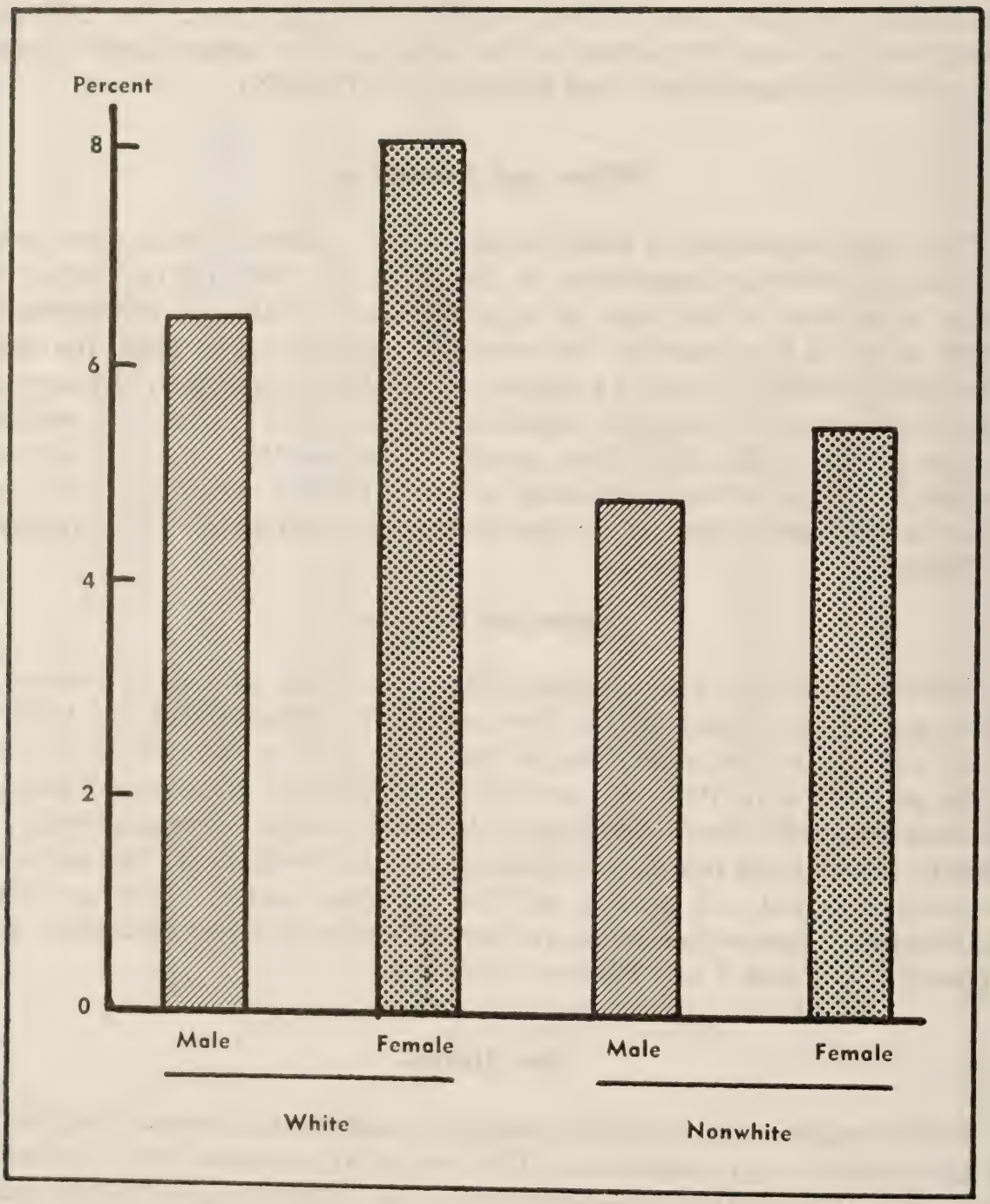


Figure 3. Percent of the Population 65 Years of Age and Older by Sex and Color, North Carolina, 1960

Rural-farm Population

Data on a residential basis for 1960 are not yet available. It may be of some help, however, to recall briefly the residential patterns for 1950. At mid-century, the rural-farm population had more aged persons than did either the urban or rural-non-farm populations. In 1950, the white rural-farm population was already *older* than the entire population in 1960. It should be recalled, also, that the rural-farm white population, especially the males, was more heavily weighted with older people than the other population groups. (See Appendix A, Table 3.)

The 1954 Census of Agriculture contains data on the age of farm operators in North Carolina. These data show that 15.8 percent of the white farm operators were 65 years of age or older; also that 22.5 percent of the white and 26.9 percent of the nonwhite full owners were in the older age category.

County by County

Data for 1960 are not yet available showing the proportion of older people by counties in North Carolina. Here, too, the 1950 patterns may be of some help. In 1950 there were extremely wide variations among the counties with respect to the proportion of older persons in the population. In Alleghany county, for example, 9.7 percent of the population was already in the older age category. At the same time, 9.4 percent of the population of Currituck county was in this age group. These percentages are more than double the corresponding proportions in many of the other counties. In general, the proportion of older people in the population was extremely high in the Mountain and Tidewater counties while the proportions were low in the Piedmont and the upper Coastal Plains counties.

Community by Community

Each community, rural or urban, has a somewhat different profile with respect to the proportion of the population in the older age groups. Extremely wide variations were observable in 1950, the last year for which data are presently available. At mid-century, for example, 10.3 percent of the population of Southern Pines was 65 years old or older. For Asheville, the corresponding percentage was 8.1, as compared with only 5.5 percent in Brevard. In Elizabeth City, 7.3 percent of the population was in the older age group, as compared with 8.7 percent in Bryson City. These examples point up the significant variations community by community and the necessity of a community analysis by local groups interested in the older population.

From 1960 and Forward

If we gaze into the future to the year 2000, we are seeing only the time distance that we have traveled since the end of World War I. Recently, Freedman, *et al.*,[1] have tried to look to 2000 in terms of population growth

[1] Ronald Freedman, Pascal K. Whelpton, and Arthur A. Campbell, *Family Planning, Sterility, and Population Growth* (New York: McGraw-Hill Book Company, 1959), pp. 376-390.

for the nation. Their estimates (medium series) show a total population of about 312 million. This would represent an increase of 69 percent during these four decades. On the same basis, it is expected that the population above 65 years will increase to about 32 million and this would represent an increase of about 90 percent. By 2000, the population above 70 years of age will be nearly 23 million, and this age group would have increased by 120 percent. Thus, the proportion of older persons will continue to rise to approximately 11 percent of the total population by the end of the century. These estimates show that the sex ratio will continue to decline for a number of years but will level off at about 73 for the population above 65 years of age.

On the basis of these estimates and even on the assumption of a continuation of the two-decade lag relationship of North Carolina to the nation, we may expect a sizeable numerical increase in older people. And, they will continue for some time to comprise an increasingly larger proportion of the total population of the State.

A Summary View

In a recent United Nations publication, a proposal was made after a review of available data on a world-wide basis that countries and societies might be classified somewhat arbitrarily on the basis of the proportion of the population that was 65 years old and over. The suggested classification was as follows:

- young = less than 4 percent
- mature = 4-7 percent
- aged = above 7 percent

North Carolina, according to the United Nations classification, has an older mature population but is rapidly approaching the lower limit of the aged class range. Here, too, the white female population is already in the aged classification. But, the nonwhite population of the State is still in the middle range of a mature population. And, as was pointed out above, the rural-farm white male population was an aged population even in 1950. North Carolina will, according to present trends, move into the "aged" society classification in the early part of the 1960's.

IMPLICATIONS OF THE AGING POPULATION FOR NORTH CAROLINA

In all programs dealing with the aging, it should be remembered that the percentage distribution of the aged varies considerably from community to community throughout the State. As a result of this unequal distribution the problems attendant upon an aging population will be magnified in some areas and minimized in others. Public awareness of this is necessary so that older persons will receive comparable services, regardless of where they happen to live.

Personnel working with the aging population should realize that there will be more opportunities available to them in some areas of the State

than in others, and that the financial demands will vary among localities. They should be constantly conscious of the potential, as well as the actual, number of aging they may have to serve.

In addition to the uneven geographical distribution of the aging population, it should be kept in mind that the uneven sex ratio, in both white and nonwhite populations, means that the widows outnumber the widowers 2 to 1 and that there are more women than there are men who have never married. Furthermore, as general health improves, during the decade, the percentage of aged nonwhites in the population will probably increase more rapidly than in the past. The death rate in the nonwhite category will continue to decline and as a corollary the length of life will increase. Thus, personnel directing programs of housing, employment, medical care, and income maintenance for the aging should be constantly alert to the changing demographic characteristics of the population and should attempt to reevaluate and pattern their programs in such a manner that no segment of the population will be neglected merely because of shifts in the age, sex, race, or spatial distribution of the population.

In the foreseeable future there will be need for increased attention to information and guidance centers to which the aging can go to receive needed information on specific subjects. These centers must be able to refer the older person to the proper agency directly and quickly. Furthermore, both public and private agencies need to improve cooperation in the exchange of information and skills to prevent duplication or overlapping of services for some clients while others are neglected.

Long range planning is necessary to meet the challenges presented North Carolina by the changing character of its population. In certain areas where the State is already meeting its responsibility to its citizens, services must be expanded; however, additional programs should be developed to meet those needs which will be highlighted as the magnitude of the problem increases.

Care for the Ill

As individuals move into old age they require more in the way of services to care for their physical needs. The State, as well as municipal, county, church, and private hospitals, will face a continuing problem in finding enough beds for older patients. In addition to care in general and specialized hospitals for the physically ill, both public and private hospitals for the mentally ill may be taxed beyond their present capacity.

An increase in the number of potential and actual long-term patients over the age of 65 will encourage the opening of an increasing number of private and quasi-public nursing homes and "homes for the aged." The State should plan for strict inspection of all homes for the aging, regardless of the names by which they are known. North Carolina should be aware of the fact that during the coming decade there will be an increasingly large demand for skilled nursing homes for the chronically ill who are beyond 65 years of age. With a possible time-lag, private enterprise, for whatever motive, may be expected to seek to supply the needed homes.

The State should insist on high and uniform standards both for the physical plants and for the personnel who are employed in nursing homes. Skilled nursing personnel under medical supervision could raise the level of care to such a point the nursing homes could, in large measure, take over many of the long-term physical and mental cases which now reside in the various hospitals in the State. In short, nursing homes offering skilled care under medical supervision could be so-called half-way houses for patients who are too ill or too disturbed to remain in their own homes, yet not so ill or disturbed that they would require the traditional hospital care which should be reserved for acute cases.

Another resource, which has developed slowly in the State, is homemaker service for older people. As time passes there will be more demand for this type of service, especially on the part of those who cannot afford, do not need, or do not want group care. It appears that successfully planned and executed homemaker services may fill a need which other agencies and services cannot fill. These services should relieve unduly heavy pressures on both hospitals and nursing homes, as well as on domiciliary homes for the aged.

In the areas of providing hospital care, skilled nursing homes, domiciliary homes and homemaker services, it should be kept in mind that there will be unequal demand upon facilities which are to be provided. This inequality will be especially noticeable in counties which are more rural; that is, in unindustrialized counties from which young people are migrating. Outmigration of young people results in a smaller percentage of wage earners upon whom much of the burden of paying taxes falls. Furthermore, as the young and mature adults move out of the rural counties a large number of older adults will be left to shift for themselves. There will be fewer adults to whom they can turn for financial assistance and care in times of difficulties.

Care for the Indigent

In all probability the case load of old age assistance (OAA) will decrease during the coming decade. However, the amount of money expended is expected to increase. Part of this increase will be in the form of OAA payments made to supplement inadequate old-age, survivors, and disability insurance (OASDI) benefits, and part in the form of higher average payments to those who have no other source of income. Old age assistance payments to supplement OASDI benefits will be made increasingly to so-called marginal members of the labor force—those who have never been fully insured under OASDI and those eligible for minimum or near minimum payments—the personal servants, farm laborers, migratory laborers, and sub-marginal farmers. These groups are composed largely of nonwhites, the functionally illiterates of both races, and nonmarried elderly women.

In any event, the State must try to raise its old age assistance payments to a level that bears some realistic relation to the increasing cost of living. During the 1960's every state should attempt to keep minimum assistance

payments high enough so recipients, regardless of sex or race, will be able to maintain a level of living consistent with health and decency standards. Such a procedure would enable many people to continue living in their own homes and thus eliminate reliance on more expensive institutional care.

Public welfare agencies will probably find it necessary to develop skills in reaching individuals who are in need, especially those who are ignorant of the availability of services or are "too proud" to avail themselves of their rights as citizens. This may be especially true of the unrelated, geographically and socially isolated person who has reached the stage in life when he is bewildered and lost, and in cases where the elderly person who has depended upon his family for assistance has been deserted subsequently by his family and friends or has outlived them.

Care for the Aged Who are Well

North Carolina will become aware that an increase in the number of aging during the 1960's will bring an increasing number of still healthy and active persons, for whom there is no meaningful role or activity in life. Unhappy, unoccupied people contribute disproportionately to the hospital load. The State must come to realize that helping older people make continuing adjustments to changing life conditions will, in the long run, be of great social value.

Since many of the senior citizens were reared when formal education beyond grade school was the exception rather than the rule, and when prevailing philosophy condemned play and recreation, adult educational and recreational facilities should be reevaluated, with a view to extending and broadening the services. Cognizance should be taken of the widely divergent backgrounds and interests of our older citizens. Local communities under the direction of the State Board of Education could implement adult education classes covering numerous academic topics as well as technical skills such as handicrafts. Formation of recreational centers, encouraged by the State and municipality as well as by church, fraternal organizations, labor unions and employers, should be made available for all those who wish to take part in such programs. Both educational and recreational programs could be publicized so they would reach a large number of older people.

The older mountain people, as well as both the white and nonwhite rural population in all sections, probably contain a large proportion of the illiterate or functionally illiterate adults of the State. Special programs and projects could be devised to enrich the lives of these people who, for one reason or another, have not been able to avail themselves of opportunities to participate in the advantages which a vast majority of the citizens of the State have enjoyed.

Care for the Inadequately Housed

As this State follows the national trend toward urbanization of its population, the problem of adequately housing its growing older popula-

tion will become more serious. The acute aspects lie in the moderate or lower income groupings, especially with those whose incomes are derived wholly or in part from various pension or assistance sources. Public housing for the underprivileged in the aging population has long been a source of concern to various governmental agencies. Traditionally it was believed that the aged could live out their lives with their adult children, in the county poor houses, or in the private residences which they had built or purchased during their younger adult years. Increasingly, however, children cannot or will not house their aging parents, the concept of the "poor house" is rapidly becoming obsolete, and many people do not own their own homes. Furthermore, homeowners over 65 years of age frequently find their homes poorly adapted to their later years. North Carolina, along with other states, should inquire into the possibility of building modern, attractive housing projects which are financed by joint state-municipal or county monies, and which can be rented at rates which can be afforded by the group of citizens needing housing. In large urban areas where public, multiple-unit housing is already built or further public housing is planned, consideration should be given to setting aside a certain proportion of the units, as they are vacated or built, for people over 65 who are in need of, and eligible for, low-cost rental units.

In building units of this type units should be designed and built for elderly unmarried individuals and for elderly couples. Some provision should be made to continue to house the remaining partner after the spouse has died. Also, low-income rural white and nonwhite people in general are among those having the least adequate housing. Special consideration and assistance should be given private agencies, church, or fraternal organizations which plan to build single-dwelling or congregate housing for the aging.

Care for the Job-Seeker

In the decade ahead, there will be greater emphasis on industrialization in North Carolina. New industries will locate in urban areas and attract migrants from rural areas, thus upsetting the ratio of young to old in both sending and receiving communities. Also, some smaller industries will be built in rural areas to take advantage of local residents classified as underemployed. No matter where new or expanding industrial plants are located, planning is called for, at least to the extent that people already 65 and those approaching 65 will not be by-passed when employment opportunities become available. Furthermore, State officials should be concerned and take steps to insure that equal employment opportunities and equal pay for equal work are made available to the various segments of the population as they near or enter the older adult years.

North Carolina should be aware that age discrimination in employment forces many of its citizens to retire before they are physically, psychologically or financially ready. They are then forced to scale down their level of living and at the same time curtail their social, civic and other activities. An educational program is indicated here, and employers should be made

aware of the source of potential employees. North Carolina State Employment Service personnel, with the assistance of their counterparts on the national level, should modify current practices in such a way as to seek out, assist, and place older people who need jobs. Retired workers who want full or part-time employment need to be educated to understand and live with their lessened abilities, in order that they make adjustments and be willing to work in suitable occupations though they are without prior experience.

The State should encourage and assist municipalities and private industry in establishing schools for persons who are nearing retirement but wish to continue in some line of work. Such schools or classes can do much to prepare the older individuals to help themselves as they enter this phase of life. Any individual who is prepared for retirement and the problems which he will be called upon to face will be the individual with whom public welfare agencies can work most effectively and efficiently.

SUMMARY OF INFORMATION AND SUGGESTIONS FROM COUNTY COORDINATING COMMITTEES ON AGING

Although no questionnaire in the area of Research and Population was circulated to the 100 North Carolina County Coordinating Committees on Aging, many of these county reports include references to the lack of adequate information regarding the older citizens of their communities, their living conditions, income, needs, and desires. A substantial number of county coordinating committees on aging specifically recommend the institution of surveys, and in many instances, research projects, to elicit needed information concerning the increasingly significant numbers of older persons in North Carolina's population. References to these recommendations will be found in County Summaries at the end of corresponding chapters in this Report.

CHAPTER II

INCOME MAINTENANCE AND EMPLOYMENT

THE INCOME NEEDS OF OLDER PERSONS

Although it is agreed that adequate income is basic to the health and well-being of older persons it is difficult to define income adequacy. For present purposes it may be defined as income sufficient to provide adequate food, clothing, shelter, to provide minimum medical care, and to meet essential household expenses. It should also permit participation in family and community life.

In connection with income adequacy, the background paper on Research in Gerontology, Medical, in Dr. B. T. Burton's report on nutrition, we are advised that at present 75% of the people over 65 receive a cash income of less than $1,000 a year and 15% of these less than $500 a year. Under these circumstances we are tempted to glibly generalize that the most important deficiency afflicting the aged is not a deficiency of vitamins or minerals but of money.

In an article entitled "A Budget for an Elderly Couple" published in the *Social Security Bulletin* (February 1948) the cost of the budget for March 1946 and June 1947 was reported for eight cities. The price data used to compute the cost of the budget which included the items listed in the paragraph above were provided by the Bureau of Labor Statistics. The cost on an annual basis as reported for March 1946 varied from $1,169 to $1,573 and as reported for June 1947, it varied from $1,365 to $1,767.

"A Budget for an Elderly Couple" was recomputed in October, 1950 for the same cities plus five others and reported in the *Monthly Labor Review* (September 1951). The cost on an annual basis varied at that time from $1,712 to $1,880.

This budget has not been priced since 1950, but the cost of living has increased 12* percent. If we take the lowest cost figure reported for 1950 as being minimum for North Carolina and increase the annual amount by the increase in the cost of living we arrive at a figure in excess of $2,000 as the annual cost for a modest but adequate level of living for an elderly couple, barring any unusual expenses such as major medical costs.

THE IMPACT OF INFLATION ON RETIRED CITIZENS

Among economists it is a truism to say that inflation bears heavily upon those who are living on a fixed income. Since most retired people are living on a fixed dollar income rather than on income which may rise during periods of inflation, it is obvious that the retired citizen is particularly harmed by inflation.

A look, however, at the increase in consumers' price as compared with the increase in the primary benefits of OASI shows that, compared with 1940, the consumer price index has risen approximately 106 percent whereas the primary OASI benefits have risen by approximately 194 per-

* It was noted by those attending the Workshop July 28, 1960, that this figure is too low.

cent. Obviously, OASI benefits have more than kept up with inflation. The question, therefore, is primarily whether the benefits were adequate to begin with.

On the other hand, a point of interest is the lag between 1940 and 1950. During that ten-year period, the primary OASI benefits rose only 15 percent while the cost of living rose approximately 70 percent. Today, the benefits are going up at approximately the same rate as the cost of living.

From these facts it must be concluded that every effort must be made to keep Congress continuously aware of the need to adjust benefits both as cost of living rises and as inflation appears.

SPECIAL STATE AIDS AFFECTING TREATMENT OF INCOME OF OLDER PERSONS

At the present time there are no exemptions for age in computing state income tax liability, nor are there exemptions for specified amounts from the assessed value of real property owned by older persons. The state poll tax is not charged older persons, but this is a minor matter.

We might recommend that the State give serious consideration to the Federal arrangements for an extra exemption for aged taxpayers. We might also urge the Legislature to consider allowing the deduction for total expenses for illnesses.

THE AGING AND THEIR EMPLOYMENT EXPERIENCE

In terms of the employment process, the concept of "the older worker" is most used. In the employment process the "45 years and older" terminology is used primarily because in the employment-age relationship this attained age seems to be for most occupations the point at which the age factor first becomes truly significant as an impediment in the employment process. Another factor accounting for the use of the "45 years and older" concept is that statistical development concerned with employment-unemployment data has been in terms of "45 years and older" grouping.

If one assumes a civilian labor force in North Carolina of 1,650,000 for 1960, and uses the national percentages of labor force participation for selected age groupings, the older worker group subject to employment problems may exceed 656,500. Actually almost 75,000 of these individuals fall into the 65 years and older group. In any case, this 650,000 group is the aging group to be considered in short-range planning. Wise planning for the smaller group of 75,000 can prepare the way for the much greater group who will be at or nearing 65 years of age 10-15 years from now.

Similar to the national trends, North Carolina has had significant gains in the middle-aged and older population group. During the period from 1900 to 1950, the State's population "45 years and over" increased by 188 percent. The number of individuals "65 years and over" rose by over 240 percent during this same period despite the fact that the total population of North Carolina made a lesser over-all gain of 118 percent. In 1950,

about 27.8 percent of the civilian labor force of the State was "45 years and over." Today, this age group, if North Carolina's experience parallels that of the nation, is almost 40 percent of the total labor force. While the proportion of workers "45 years and over" will continue to increase, there will actually be fewer male workers, ten years from now, in the 35 to 44 age group.

RESOURCES IN THE EMPLOYMENT SECURITY PROGRAM FOR PROMOTING JOBS FOR OLDER WORKERS

Trends in employment and unemployment in major labor market areas of the State as reported by the Employment Security Commission often reflect the longer duration of unemployment among workers in the older age groups.

To meet these problems, the Commission is engaged in an expanded program of specialized services to help make it possible for older workers who desire and are able to work to continue to do so through suitable gainful employment. The Employment Security Commission of North Carolina seeks to increase employment opportunities for middle-aged and older men and women by providing services such as job counseling and by stepping up efforts to find jobs for them through the facilities of the State's 55 Employment Security Offices. The Commission is aware of a growing need to foster public understanding of the employment problems of middle-aged and older individuals and subscribes to the belief that in reality there is no fixed age at which a person becomes too old to work; that each worker should be considered for employment on the basis of his individual qualifications as these relate to the requirements of the job.

To enhance staff competency in serving older workers, special training in improved methods and techniques in counseling and placement of such workers is periodically given to local Employment Security Office personnel.

PART-TIME AND FULL-TIME EMPLOYMENT OF OLDER WORKERS, INCLUDING PRE-RETIREMENT COUNSELING

Little evidence has been found that there are actually planned programs in the State for providing part-time work for the older worker. Some companies do have plans, but they are carried out on an individual basis rather than as a program. Reasons given for this are that private pension plans and compulsory retirement set up by the pension system make employment after retirement definitely prohibitive. In addition, the OASI limitation on earnings between 65 and 72 is an important consideration.

The age of employment is also affected by the retirement plan. The worker must be employed young enough to work the number of years required to be covered by the company's retirement plan. Managements feel that it is a poor policy to have an employee retire from the company without minimum coverage. Several managements (interviewed) have

felt that they would like to make changes so that they could employ older workers because they believe they give superior performance.

Few managements express prejudice toward age—or seem pleased with present age barriers. There apparently is little if any objection to employing the older worker. The emphasis is upon proper placement and utilization of the older worker, when retirement plans do not have to be considered.

A few companies have set up informal counseling programs to prepare the older worker for retirement. These apparently involve advising the worker what his pension will be and discussion of beneficiary details. Most managements seek to avoid the appearance of "inquiry into or meddling with employees, personal matters." This retirement counseling is usually done by a person with full responsibility in another field.

Compulsory retirement or automatic retirement at 65 takes the pressure off management. Setting a fixed retirement age makes a retirement plan easier to administer and its costs easier to calculate. Many managements believe that without a fixed age limit, pension plans will lose most of their advantages. It is evident however that the same companies think that in a large number of individual cases compulsory retirement at 65 is wasteful in many ways.

The great need is to find criteria for measuring the aging process so that ability, not age, will be the criterion for retirement.

Re-assignment of the aging seems to be a fairly common management practice. Another practice is to cut the aging employee's work day, work week, work month or work year. Few companies re-employ retirees on either a part-time or full-time basis.

Judging from the shift in management thinking about retirement in the last few years, it seems likely that many large companies at least will eventually undertake a gradual retirement program of some kind. Though this will complicate management's job, in the long run it may prove more efficient than compulsory retirement.

RETIREMENT ON THE JOB

Many top managements are just as deeply concerned with retirement on the job as they are retirement at 65. There seems to be a connection between the two. Apparently men begin to rest on their oars when they feel that management thinks they have reached their heights. This is extremely wasteful. Most of the interest in management development has been focused on executives in junior and middle management levels (age range late 20's to middle 40's). Enthusiam for doing a better job in building capability in younger managers should not blind management to the continued maximum use of mature managers.

Mature managers are proven men of above average ability and drive. Their accumulated experience should be utilized. With proper incentives and opportunities they are still capable of further growth. Dollar for dollar investment in rejuvenating older managers will yield at least as

good, and possibly better, returns on the investment as hiring, coaching and training younger men.

Top managements agree that it is important constantly to keep before experienced managers a well defined picture of their contributions to the business. Older men need to be reminded that they have a two-fold purpose—to teach as well as to learn.

There are clearly no pat answers to the complex retirement problems of aging workers. The only valid answers are those that the worker finds for himself. It would therefore seem best to provide a special professional counseling, by trained people, for the aging workers. There should also be preparation for retirement for all employees.

RETIREMENT, DISABILITY AND SURVIVOR BENEFITS IN NORTH CAROLINA

Payments Made to Individuals Under Selected Programs

Program		Number	Annual Rate
Old Age & Survivors Insurance	(1)	130,000	$ 95,676,552
Old Age Assistance	(2)	49,894	25,233,948
Railroad Retirement	(3)	7,300	8,160,000
Federal Civil Service	(4)	6,255	9,208,572
Veterans Administration	(5)	20,576	19,288,200
State and Local Government	(6)	5,297	4,900,376
Panama Canal Construction Annuity Act	(7)	24	13,460
Private Industry		Not available	Not available
TOTAL		219,346	$162,481,108

Payments on Account of Disability

Program		Number	Annual Rate
Disability Insurance Benefits	(1)	11,182	$ 8,673,372
Aid to Permanently & Totally Disabled	(2)	18,154	10,198,716
Railroad Retirement	(3)	700	948,000
U. S. Civil Service Commission	(4)	Not available	Not available
Veterans Administration	(5)	Not available	Not available
State and Local Government	(6)	405	251,817
Private Industry		Not available	Not available
TOTAL		30,441	$ 20,071,905
Total Retirement and Disability Payments		249,787	$182,553,013

1. As of July 1, 1959. Social Security Administration
2. As of November 1959. *Social Security Bulletin* (January 1960)
3. As of December 31, 1959. Railroad Retirement Board (Estimate)
4. As of July 1, 1959. U. S. Civil Service Commission
5. As of January 1, 1960. Veterans Administration
6. As of February 1, 1960. N. C. State Teachers' & Employees' Retirement System
7. As of July 1, 1959. U. S. Civil Service Commission

MEDICAL CARE INSURANCE

About twenty-five licensed insurance companies in North Carolina now write policies for the benefit of people over 65. Two are Blue Cross Associations; the others are commercial companies.

To illustrate the types of coverage being sold, the following examples are given:

One of the Blue Cross Associations offers the option of an $8.00 or $10.00 allowance for bed and board, and 60% of the charges for ancilliary hospital services (which includes x-ray examinations, clinical laboratory service and approved drugs). These two benefits are allowed for a maximum of 31 days for each single hospital stay. The policy also allows a maximum of 21 days in any certificate year for nervous and mental illness. Plastic or cosmetic surgery are allowed when hospital or professional services are required as the result of any injury suffered after the effective date of the policy. Benefits in government hospitals are provided only in those government hospitals which are state and local government general medical and surgical hospitals.

In a typical example of a commercial company, the Senior Citizen policy provides benefits for customary hospital room charges not to exceed $10.00 per day for 60 days for any one period of hospitalization. For convalescent or nursing home care, benefits will be paid not to exceed $5.00 per day for 55 days for any period of care. The combined number of days for the above two benefits cannot exceed 60 days for any one period. The company will pay 80 per cent of the customary charges for normal hospital services received while in a hospital, with the insured paying the first $100.00 and benefits limited to $1,000. The policy also provided surgical benefits with a maximum on certain operations of $225.00.

It should be emphasized that Senior Citizens policies provide a schedule of benefits for a stated period of time. In other words, if benefits are paid in full during that stated period of time there would be no further coverage until another period commences.

In addition to these individual policies, protection for many older people is provided under group health insurance programs. Many employers are continuing group benefits for active employees over 65 and for employees after their retirement; increasingly the trend is for the employer to continue paying all or a substantial portion of the cost. As an alternative, many group plans give retiring workers the option of converting to individual policies, with premiums commonly paid by the retiree.

PUBLIC ASSISTANCE

The North Carolina old age assistance act provides that payments under this program "shall be sufficient when added to all other income and support of recipients to provide such person with a reasonable subsistence compatible with decency and health; but not exceeding . . ." County boards of public welfare determine the amounts of monthly assistance payments in accordance with rules and regulations adopted by the State Board of

Public Welfare. The State Board's assistance standards for establishing need and determining assistance payments must of necessity be governed by the amount of the State appropriation for old age assistance since the non-Federal share is divided equally between the State and the counties, with the exception that counties found to be financially unable to provide sufficient funds are to receive help from the State in accordance with the equalizing provision contained in the law. The same standards with some minor revisions adopted in 1958 and 1959 have been in effect since 1952. As in all other states a budget is used to establish need and to determine the amount of the payment. The North Carolina standard is based on a low-cost or minimum subsistence budget. This budget is used for old age assistance recipients 65 and over and for the permanently and totally disabled under 65 years of age.

The standard monthly budget includes fixed monthly amounts for food, clothing, medicine chest supplies, household supplies and personal incidentals totaling $37 for one person and $68 for two persons. In addition the actual cost of shelter and utilities not to exceed $65 a month and medical care not to exceed $10 a month is included. As a rule the budget for old age assistance and aid to the permanently and totally disabled is made for one person, but in instances where only one of a married couple is eligible the budget is made for two. The possible total of budget requirements for one person could be $112 but the average is approximately $65. For two persons the possible total is $133 with the average being approximately $110.

All income and other resources regularly available must be taken into consideration in determining need. The difference between monthly requirements and monthly resources shows the deficit or the minimum amount the person needs. Since funds are sufficient to meet only part of the amount needed according to the standard budget, 85 per cent is paid for old age assistance and 80 per cent for aid to the disabled.

The average annual income—assistance and other resources combined—of recipients of old age assistance and aid to the permanently and totally disabled is less than $800, or less than $70 per month.

Older persons who are assistance recipients are eligible for hospitalization under the State Board of Public Welfare plan. The spouses of recipients are also covered under this plan, which provides for $10 per day toward the cost of hospital care.

The average age of old age assistance recipients in North Carolina is estimated to be 75 years. Approximately two-thirds of the recipients are women.

The average aid to the permanently and totally disabled recipient is approximately 54 years of age. About 55 per cent of them are men. Each of the recipients has provided medical evidence of permanent and total disability; more than one-fourth of the primary disabilities are circulatory system involvements, almost one-fifth involve diseases of the nervous system and sense organs, and about one-seventh have mental and psychoneurotic disorders.

In North Carolina the North Carolina State Commission for the Blind administers the program of public assistance for the blind (Aid to the Blind). The amount of money available for aid to the blind payments must of necessity be governed by the amount of the State's appropriation for aid to the blind, as the non-Federal share in payments is shared equally between the State and the counties. In North Carolina there is a fixed ceiling on individual aid to the blind payments of $70.00 per month, with the exception of persons requiring boarding home care. The average monthly aid to the blind payment is currently $52.00 and meets 100 per cent of the budgeted need. This falls far short of meeting basic need, however, even on the low cost or sub-standard budget allowances. The average basic requirements of the aid to the blind recipient range from $75.00 to $100.00 per month.

About 60 per cent of our aid to the blind case load is in late middle age and above, and a high percentage of these have been totally blind or had very limited vision since childhood or early adulthood. The late middle aged and aged blind are unemployable and a major portion of them have no work background or work aptitudes that can be effectively used without sight. Their handicap of blindness is increased not only by advanced age, but by poor general health, and often secondary disabilities. Associated with the increase in the aged in our general population, we may expect the number of aged blind to increase also; for with longevity, degenerative diseases of the retina are emerging as a major cause of blindness. These diseases are related particularly to arteriosclerosis, diabetes mellitus, and in part to hereditary abnormalities that become manifest late in life.

Income is naturally greatly affected by employment status; few of our aid to the blind recipients have thus far been affected by Old-Age and Survivors Insurance or disability insurance payments. For those who have, the payments are low and must be supplemented by a public assistance payment.

AVERAGE ASSISTANCE PAYMENTS AND RELATED DATA

Average monthly assistance payments and average monthly benefits under OASDI in North Carolina are low compared with monthly averages for the United States; and the per capita income in North Carolina is considerably below the average per capita income for the United States.

Assistance Payments and OASDI Payments

	OAA[1]	AB[1]	APTD[1]	OASDI[2]
North Carolina	$38.56	$52.36	$43.54	$56.18
United States	57.32	66.27	54.17	65.71

Per Capita Income (1958)
(Office of Business Economics, U. S. Dept. of Commerce, August 1958)

North Carolina	$1,384
United States	2,057

[1] January 1960—U. S. Dept. of Health, Education and Welfare—Advance Release

[2] June 1958—Monthly Benefits to Retired Worker—Table 3C, p. 24—*Guide for State Surveys on Aging*—U. S. Dept. of Health, Education and Welfare

SUMMARY OF INFORMATION AND SUGGESTIONS FROM COUNTY COORDINATING COMMITTEES ON AGING

Response from 89 of North Carolina's county coordinating committees to a questionnaire on income maintenance and employment indicates that the most pressing needs of older people in these areas are the following, listed in the order of the frequency with which they are named as needs:

(1) Provision for medical care, including hospitalization, drugs and other necessities, dental care, and outpatient care

(2) financial security

(3) increased employment opportunities, including part-time jobs

(4) recreation and other leisure activity opportunities

(5) improved living conditions, including private housing, additional boarding homes, and nursing homes

(6) maintenance of family and community relationships, including friendships, interest and understanding, and continuation of the feeling of usefulness

The following suggestions given for meeting these needs are numbered to correspond with the needs listed above:

(1) Few specific plans are set forth for providing necessary medical care, other than general suggestions for raising the income of older persons. Increased income through more nearly adequate Old Age Assistance payments, including increased medical allowances in the grants, is recommended in a large number of county reports. Insurance plans providing for drugs and professional services as well as hospitalization are proposed in several others. Two county committees call for a more comprehensive Social Security program which would include a compulsory health insurance plan. However, a Cabarrus County spokesman states that "a special medical care program would be exploited; give people adequate financial support and they will find means of meeting their own needs."

(2) Ways and means of insuring and/or increasing elderly persons' financial security include the importance of raising Old Age Assistance payments to meet 100 per cent of minimum needs; reaching all persons eligible for Old Age Assistance and for Old Age and Survivors Insurance (Dare County recommendation); lifting the limits on earnings allowed OASDI beneficiaries; establishing local governmental retirement plans; "stabilizing the dollar;" emphasizing families' responsibilities to aging parents; and promoting educational programs. Among educational programs suggested are those mentioned in paragraph #6 below, and the specific suggestion of educating self-employed young people to the need for paying Social Security taxes, and for promoting savings, insurance, and retirement plans during younger people's working years.

(3) Recommendations for increasing employment opportunities made in a large number of county reports include development of new indus-

tries and/or job opportunities suited to elderly workers' abilities, and abolition of compulsory retirement at age 65. Representative of conditions reported from several primarily agricultural counties is the statement from Ashe County that persons in these areas "are limited in this type of work (agriculture) only by physical incapacity or lack of desire to continue to be productive." A Clay County committee member makes specific suggestions for self-employment, including cattle and sheep raising, beekeeping, raising peppers, and developing handicraft skills. In areas where new industries attract young women into employment, he mentions the opportunities created for older women as babysitters or house-keepers in the homes of younger working women. Also in a rural area, the Cherokee committee maintains that older people can have a garden, truck patches, vineyards, orchards, "a milk cow and a couple of pigs." A concerted effort is said to be needed in Moore County (and others) to secure some type of industry to provide employment for persons over 65.

(4, 5, and 6) Informed, active County Coordinating Committees on Aging are urged in a large percentage of county reports, with promotion of solutions to the recreation, housing, and community relationship needs of older persons being primary objectives. Educational programs are recommended for the purpose of informing the public as to needs and appropriate community roles of older persons, interesting church and civic groups, and urging employer understanding and awareness of older workers' potentials and value. Study groups, workshops and other public meetings on aging, and maintenance of a speakers' bureau are suggested, as is the need for surveying available resources and unmet needs. Avery and other counties stress the role older citizens themselves can play in these activities. The importance of knowing, coordinating, and utilizing existing community resources is emphasized, as are plans for specific follow-up activities after public meetings are held. A further specific recommendation for such groups is to urge legislation for increased public assistance payments to needy old persons and for larger State appropriations to match Federal funds available to meet the needs of the aged.

A question as to whether there is in use in any community a family budget which shows kinds and quantities of goods and services required by older people elicited replies in terms of the formula used by departments of public welfare for determining Public Assistance payments. There seems to have been no extensive survey in any county as to the principal sources of income of persons over 65, although several county committees offer estimates which vary considerably, from rural to metropolitan areas, from industrial to farming sections, and from mountain to Piedmont to coastal regions.

To the general question, "How well are over-65 residents of your county able to meet minimum needs?" the answers also vary, from "very inadequately" to "very well." Approximately 30 per cent of the county reports place estimates at below average and above average, respectively, with

about 40 per cent estimating average ability to meet needs. Several county committees base their estimates upon percentage of the over-65 population receiving Old Age Assistance. Clay County's "below average" answer is based on the high percentage of persons receiving old age assistance, while Martin County's answer is that the majority meet their own needs, since a relatively small proportion of the county's population receive Old Age Assistance. Rutherford County's "adequate" answer is qualified by the phrase, "except for old age assistance recipients."

A substantial number of reports indicate that most retired people are able to adjust to smaller incomes except for medical expenses. A difficulty reported from Wilson and other counties is that employment is not available for people over 65. A difference between farm and non-farm families is pointed out; namely, that rural old people seem better able to remain fairly independent and also have the advantage of strong family ties and children's recognition of responsibility, but that non-farm people are, in the words of a Wilkes County reporter, "less well off" for these and other reasons.

The help available to needy older people which is generally mentioned in the county reports is the public assistance administered by the departments of public welfare. Next in frequency are benefits from Old Age and Survivors Insurance. Other aids listed are contributions from friends and relatives, church and civic groups, Veterans pensions and other retirement benefits, charitable organizations, Employment Security Commission, Family Service agencies, and finally, from Lenoir County, "private organizations."

The majority of counties report that many OASDI beneficiaries also require Old Age Assistance, with substantially fewer also receiving Aid to the Blind or Aid to the Permanently and Totally Disabled. Very few reports indicate such persons receiving regular funds from General Assistance, which is a county-financed program sufficient only for temporary assistance.

More than half of the county reports give as the chief reason for the need for such supplementation the fact that minimum needs are not being met from OASDI or from other sources. A Pender County spokesman describes the reasons as "mostly medical," with which appraisal a substantial number of county reports agree. Other major items in the high cost of living which contribute to financial inadequacy are boarding home care, rental costs, and fuel. Several counties' reports refer to relatives' limited ability to contribute to their aging parents' support, and a few decry adult children's neglect of parents.

Employment

The Older Worker Program of the Employment Security Commission of North Carolina is named most often in county reports as the most successful activity going on to break down age barriers and to promote employment opportunities for older persons. At least one-third of the reports name specific efforts of that agency, including placement, counseling,

publicity, employer contact, and cooperation with efforts on behalf of handicapped workers. A spokesman for Cabarrus County reports that the Employment Security office there "holds light jobs (such as yard work and gardening) open for older workers." Individual effort and initiative in job development is listed second (by at least ten committees) among efforts to find employment. Other programs mentioned are referrals by departments of public welfare, vocational rehabilitation programs, efforts by church groups and ministers, and Rural Development programs. A few counties are reported to have such a shortage of all work opportunities that there are none for older persons, and a Tyrrell County member states that "self-employment is all the employment there is in our county for older persons."

From a specific listing of programs in the questionnaires which might be needed by older people in the counties of North Carolina, the following were checked by a majority of the county committees as needed (listed in the order of frequency with which checked) :

Improved income maintenance programs
Promotional and educational activities
Employment preparation (e.g., vocational rehabilitation, training and re-training)
Placement services
Counseling and testing

In a similar check-list of ways to meet these needs, the response to the following suggestions is also indicated by the order in which listed:

Development of new or additional facilities
Financing
Extension and improvement in facilities and personnel presently available
Shifts in emphasis and staff utilization (checked in only 8 reports)

A specific inquiry elicited only three reports of voluntary or cooperative agencies (other than county committees) engaged in the effort to place older workers in employment. There is an "Over 40 Club" in Mecklenburg County, and such an organization is reported "being worked on now" in Watauga County. The third report, from Rowan County, names a recreation department sponsored organization serving Golden Age Club members and cooperating with other agencies toward individual job placement, which has succeeded during the past year in placing ten to fifteen older men, aged 65 to 75, in employment.

While several county committees on aging have reported considering promotion of special workshops or work centers for older persons, one such center is reported currently active in Hyde County, where the Home Economics agent assists older workers in the production and sale of handicrafts.

Six county reports cite crafts programs developed by homes for the aged for their residents, including Anson, Stanly, Rutherford, Pasquotank, Mecklenburg and Forsyth. These programs include such crafts as

needlework, shell jewelry, basketry, weaving, leather products, and pottery.

A few counties reported the availability of seasonal jobs such as truck and produce farming, tobacco grading and baby-sitting for young mothers during their families' peak agricultural seasons.

Employment opportunities for older workers are said to be restricted by upper age limits set by employers in the majority of the counties from which questionnaires were returned. Some report that such restrictions are not extensive because certain counties' employment opportunities are limited to agricultural jobs, or that no specific limits are set but that employers tend toward a preference for younger workers, especially in jobs requiring training.

Several county reports indicate that their local Employment Security offices receive few listings of openings except for young trainees. Others indicate that age limits are relaxed to some degree for professional and skilled workers. A significant number of county spokesmen agree that in manufacturing, especially, most hiring is limited to persons under 40.

There are firms in Transylvania and other counties reported as having programs for re-training and transferring older workers to less demanding jobs, with additional ones indicating that similar policies are carried out informally by other firms.

Retirement

Some private industries and businesses are reported to have retirement programs in addition to OASI. Combination OASI and State retirement programs are reported in the majority of counties for county and city or town employees, with only a few cities having purely local retirement plans. Age 65 is the compulsory retirement age reported in most counties and towns, with the exceptions permitted under State-wide law and policy.

Compulsory retirement in business and industry is also reported to vary. In a few counties, the tendency is said to be toward encouraging retirement, with the added information that especially skilled workers frequently are kept in the labor forces well past retirement age.

CHAPTER III

HEALTH AND MEDICAL CARE

There is little question that the needs for health and medical care of the older age group in our population cannot be considered entirely separately from the needs of the total population. The same general principles which apply to the provision of health and medical services to all in need obviously apply to the older age group as well.

There are, however, certain factors which merit special consideration for this older age group. These include:

1. The greater prevalence of certain of the chronic diseases. In particular heart disease, cancer, diabetes, arthritis, and certain mental disorders have their highest rates in this age group.
2. The economic status of this age group is generally poorer than for the community as a whole. There is a larger percentage who are indigent, or who do not have resources to cover more than minimal ordinary health care.
3. Distance from physicians' offices or medical facilities is probably of greater importance than in any other age group.

Bearing these circumstances in mind, consideration has been given to the following eight inter-related aspects of the health and medical care needs of the elderly.

The Needs for Hospital Care
  Inpatient services
  Outpatient services
The Needs for Care in Physicians' Offices
The Needs for Nursing Home Care
The Needs for Home Care Services
The Needs of the Mentally Disordered
Dental Care Needs
The Needs for Rehabilitation Services
The Needs in Relation to Drugs
The Needs in Relation to Nutrition

In each of these areas an attempt has been made to present a summary, within the limitations of the available data, of the current situation, and indicate the major needs.

In presenting its views the committee is fully cognizant of, and wishes to emphasize, the fact that while the responsibility for meeting health needs is shared by many agencies, the primary responsibility belongs to the individual and his family.

The committee also wishes to endorse the view expressed by many different individuals that there is a need to improve the health education of our entire population regarding the use of health facilities already available.

Finally, before considering the specific areas of health needs, the committee unanimously wishes to recommend that more adequate State funds

be made available to the Department of Public Welfare (1) to increase the old age assistance payments, and (2) for general assistance funds.

In addition to all the other benefits that would accrue from such an increase, it was the committee's opinion that this would perhaps be one of the more important factors in meeting many of the health needs of a large segment of the elderly. The rising standard of living that would result could be expected to reduce some of the needs for health care, in addition to improving the ability of recipients to pay for at least part of their own care.

THE NEEDS FOR HOSPITAL CARE

Inpatient Services

Availability and Utilization of Hospital Beds. As of January 1, 1960, North Carolina has 161 hospitals with a total of 17,108 beds or a ratio of 3.8 beds per 1000 population. This represents a 32% increase in the number of hospitals and 90% increase in the number of beds over the past 12 years.

There are only 15 counties in the State today without general hospital beds (as compared to 68 in 1947). In 1959, the general hospitals averaged 74% occupancy.

Only a small percentage of the aged actually require acute general hospitalization. The National Health Survey indicates that approximately 12% of all people 65 and over are discharged from short stay hospitals per year. This would mean about 35,000 hospitalizations per year for the aged in North Carolina.

The average length of stay in North Carolina for those who were hospitalized was 10-11 days for the age group over 65 as compared to 6.3 days for all age groups.

Hospital Costs and Financing. The per diem cost of hospitalization continues to increase and therefore creates new problems of financing.

It is conservatively estimated that the per-case cost of hospitalization for those over 65 is between $190 and $200. It is further estimated that under a "spread of risk" program the hospitalization costs for those over 65 would amount to not less than $60-$70 per year for each person in the State over the age of 65.

Of the estimated 310,000 people 65 and over in North Carolina, approximately 50,000 are protected by Blue Cross, a further 50,000 by commercial companies, about 30,000 come under the program for medically indigent, and a final 50,000 are recipients of old age assistance. This leaves at least 130,000 people in the old age group who are at present self-insurers and who are potentials for prepayment. Some of these are either participating in Government programs or are uninsurable (occupants of nursing homes, county homes, etc.). The number who could be practically classified as potentials for prepayment would thus be somewhat less than 130,000.

Blue Cross continues to protect those who become 65 if enrolled prior to that age. It also now offers them senior certificate coverage for initial enrollment even though the person is 65 or older, provided they are in

reasonably good health. Exclusion riders for certain pre-existing medical conditions do, however, exist.

Hospital Facilities. While it is recognized that North Carolina requires an additional 3000 hospital beds to keep pace with the current population and a further 3000 beds to replace existing inadequate facilities, there is little evidence that any additional general hospital beds are needed specifically to care for the health needs of the aged group. In fact, there is at present evidence of over-utilization of hospital beds especially for long term illness in this age group.

Far more important than any increase in hospital beds is the need for additional facilities and services: nursing and convalescent facilities, home care programs, extension of outpatient services and the completion of a "Progressive Care" program revolving in and around the hospital (see subsequent sections of this report).

There is also a need in many of the smaller and more remote hospitals for additional facilities: physiotherapy, occupational therapy, rehabilitation, vocational training, medical social services, and nutrition.

There is a concomitant need for training programs to increase the supply of personnel to provide these needs.

Financing Hospital Payments. The funds for the indigent and medically indigent provided by the State are inadequate to meet the needs. To the extent that funds are available, they are derived from the following sources:

(1) "Pooled" fund for hospitalization of public assistance recipients on a matching formula:

Federal	65 %
State	17.5%
County	17.5%

Present payments for such recipients are $10.00 per day from the fund.

(2) In some counties, the actual per diem cost is paid through supplementations above the $10.00, but frequently these payments are limited as to the number of hospital days.

(3) In addition to the counties' contribution of approximately $500,000 to the pooled fund, they also appropriate over $2,500,000 for hospitalization of the medically indigent who are not eligible for pooled funds and to supplement the pooled fund payments.

(4) For the medically indigent who are certified by public welfare and who are not eligible for pooled fund help, the Medical Care Commission pays $1.50 per day. The State appropriation for this for 1959-60 is $325,000. Most counties supplement to some extent above the $1.50 per diem from county funds as indicated in item (3).

(5) There are additional limited funds through the Duke Endowment and Kate Bitting Reynolds funds that together pay approximately another $1.90 per day for the certified medically indigent, making a total of

$3.40 per day, and for the public assistance recipients, making a total of $11.90 per day.

Many of the 130,000 people over 65 who are theoretically eligible for prepayment do not have a sufficient income to purchase complete hospital protection at the cost necessary to secure it and find it even more difficult to pay for hospitalization out of current income.

Outpatient and Clinic Services

There is general concensus that except for the Teaching Hospitals and a few hospitals in larger communities, outpatient facilities in this State are inadequate in numbers and scope of services provided.

In the Hospital Directory approximately 73 North Carolina general hospitals indicate some type of outpatient services. In order to determine the nature of such services, a simple questionnaire was sent to each of these hospitals except the three medical school hospitals which were known to have complete outpatient services. To date 52 questionnaires have been returned. For the 55 hospitals, including the three teaching institutions, the nature of outpatient services available is shown in Table I.

Table 1. Nature of outpatient services available in 55 North Carolina hospitals.

Full or nearly full range of outpatient services	19
Emergency and x-ray and laboratory services only	14
No outpatient clinic, but periodic clinics for heart, cancer and tuberculosis	2
Essentially no outpatient services except regular office practice of physicians	20
No reply	18

The lack of reply from 18 hospitals gives a picture which is incomplete, but it is clear that hospital outpatient services other than of an emergency nature are not available within a reasonable distance to a large proportion of North Carolinians.

A majority of the questionnaires failed to give data on charges. A few indicated that there were the physicians' usual charges; others gave a charge of $2.00 to $3.00; and 3 had schedules scaled to ability to pay, indicating the services were primarily or solely for the medically indigent.

THE NEEDS FOR CARE IN PHYSICIANS' OFFICES

In order to get a somewhat objective view of the medical services available through physicians' offices to the people of North Carolina—as these are the services on which older citizens must largely depend—some statistical data were assembled. These are admittedly rather superficial and crude, but perhaps are sufficient for some general conclusions and recommendations.

Physicians in active practice. A listing of the number of physicians in actual practice in the various counties of the state was secured from the

Hospital Saving Association. While there are undoubtedly minor inaccuracies, this is deemed a better index than the list published in the directory of the State Medical Society, which includes all physicians who are members of the society, whether in active practice or not, and does not include Negro physicians.

North Carolina ranks tenth from the bottom among the states in ratio of physicians to population, having one practicing physician to 1,500 population. When broken down by counties, 40 of the 100 counties have only one physician per population of 2,000 or more. The combined population of these counties is 1,877,000 or 42 percent of the total population of the State. While it is obvious that county breakdowns give a distorted picture, since many of the counties are close to communities with a very favorable population-physician ratio, it is clear that physician coverage in many areas is marginal to definitely inadequate.

THE NEEDS FOR NURSING HOME CARE

Many older age persons who at present are hospitalized could have a major part of their health needs more appropriately met in a nursing home providing skilled nursing services under direct medical supervision. Notwithstanding the marked increase in nursing homes in this State in recent years, the number of such homes and in some cases the quality of service provided is inadequate to meet the needs of the older age groups.

As a result of recent legislation, all homes providing care for the aged must be licensed. Nursing and convalescent homes are inspected and licensed by the Medical Care Commission. If they wish to accept patients whose care is paid for from public welfare funds, they must also be licensed by the North Carolina State Board of Public Welfare.

Two years ago North Carolina had 7 nursing homes with a capacity of 250 patients, licensed by the Medical Care Commission. Today there are thirty-two licensed nursing and convalescent homes (of which 27 are also licensed by the Public Welfare Department) with a total capacity of 1,007. Of the total only 14 meet State Board of Public Welfare minimum standards for skilled nursing care.

Currently the North Carolina State Nurses' Association Committee on Nursing Care of the Chronically Ill and Aged is studying nursing home resources in this State, standards for licensure of nursing and boarding homes, definitions of "nursing home" and "boarding home" as used by the official licensing agencies, definitions of "professional nurse" and "practical nurse" as they relate to the North Carolina Nurse Practice Act, and training programs available to nursing home personnel.

Unmet needs are as follows:

1. There is a shortage of nursing homes providing skilled nursing care under direct medical supervision to meet the needs of the older age group.
2. The quality of some nursing homes could be improved.
3. The licensing regulations need revision and strengthening.

HOME CARE

The vast majority of the older age population can, and ideally should, have their health needs met at home, preferably through organized home care programs. Such programs could probably care for at least 70% of those with health needs. An organized home care program has been defined as "one in which selected patients while homebound are provided with a full range of services, which are arranged for and coordinated through one administrative agency or institution."

Only one organized home care program exists in the State. Twenty-two counties, however, provide some of the basic components of home care programs. Four counties provide specialized plans of medical services; nine counties provide bedside nursing; ten counties provide physical therapy (of which only 6 are active due to personnel vacancies); twelve counties provide homemaker services; and one county provides a medical social worker. Even in those counties in which these services are provided by public health, public welfare, or voluntary agencies, only a very limited number of persons can be served.

Unmet needs are as follows:

1. Totally inadequate number of home care programs in existence.
2. Limitation of scope of those partial programs that do exist.
3. Lack of available personnel of all categories to provide the needed services.
4. Inadequate financial provisions for the establishment of such programs.
5. Even with the limited services now available there is evidence of the need for centralization of responsibility for coordination of various services.
6. Lack of knowledge as to the types of programs and services needed to meet the home care needs of older people in various communities.
7. Need for insurance carriers to recognize the desirability of prepayment for this type of service and to agree to pay for it in their hospitalization contracts.

THE NEEDS OF THE MENTALLY DISORDERED

"In recent years the problem of the emotionally disturbed older person has become a major concern of all. The impact of mental illness in this age group is felt throughout our society, as it is the largest single cause for chronic infirmity in senescence. The future is rendered more grave because a rise in incidence of emotionally disturbed hospitalized older persons is above that which one would account for in terms of the increased relative proportion of elderly people in our population." [1]

In North Carolina there are at present 2,216 patients over the age of 65 in State mental hospitals.

While the older age group represents about 6% of our total population,

[1] Busse, Ewald W. and Claude R. Nichols. "Emotional Disturbances of Older People." *Medical Times* 86. March, 1958.

they comprise approximately 15% of first admissions and between 20 and 25% of the resident population of State mental hospitals.

The percentage contributed by this age group has risen sharply over the past five years.

A large part of the reason for the preponderance of the aged in mental hospitals is the difficulty in placing such people in alternate facilities nearer home.

Unmet needs are the following:

1. Inadequate physical facilities; e.g., need for facilities all on the same floor, protective devices such as handrails, special bathing facilities, etc.
2. Critical staff shortages, particularly in the medical, nursing and special rehabilitation fields.
3. Inadequate community programs to prevent hospitalization of older age persons. Current research indicates that the single most effective preventive measure against emotional disturbance in older age is the availability of orderly planned activities involving active participation of the older person.

DENTAL CARE NEEDS

Fifty percent of the people 65 years and over have lost all of their teeth. The dental service needs of the remaining 50% are recognized as being very great and are likely to increase. Various studies are currently being planned to determine the dental health status, the available dental facilities, and the feasibility of prepayment plans for dental care.

Only 31 of 161 hospitals in North Carolina have dental facilities and not all of these 31 hospitals have active dental staffs. The majority of dental services rendered this age group are done so in the private offices of the 1,316 dentists in North Carolina. However, 8 counties do not have a practicing dentist, and the overall dentist population ratio is one dentist to 3,900 people.

The following are unmet needs:

1. Shortage of dental manpower to meet even the curative needs of this age group. The emphasis on preventive dentistry increases this shortage.
2. The projected increase in the number of older age people in the future will further aggravate this shortage.

THE NEEDS FOR REHABILITATION SERVICES

North Carolina has three teaching medical centers: Duke, N. C. Baptist Hospital (Bowman Gray), and North Carolina Memorial Hospital. Each of these offers at least some rehabilitation services applicable to elderly patients. None has, at present, facilities of a comprehensive rehabilitation center. Each does have an active physical therapy department. Duke and N. C. Memorial offer occupational therapy. Each offers some speech and hearing therapy. Duke and N. C. Memorial offer prosthetic and orthopedic appliance service as part of the medical center, and such services are

readily available in Winston-Salem. Each center offers psychologic and psychiatric services. Social service is offered at N. C. Memorial and pastoral counseling at N. C. Baptist Hospital and to an extent at Duke. An organized rehabilitation team with physician coordinator and services in physical therapy, occupational therapy, social service, rehabilitation nursing (including public health nursing) and speech therapy, functions at N. C. Memorial Hospital. Orientation is primarily toward planning of effective, realistic Home Care Programs for severely disabled patients, utilizing family members, public health nurses, visiting physical therapists, and family physicians to implement the programs.

Organized rehabilitation centers under more or less close medical supervision outside general hospitals which accept older patients include the Charlotte Rehabilitation Hospital and the Central Carolina Convalescent Hospital (Rehabilitation Center), Greensboro. These have a combined bed capacity of about 100.

The various Veterans Hospitals offer certain rehabilitation services and the Durham VAH offers a relatively well rounded program.

Physical therapy departments are located in 20 non-university general hospitals in the State. There are at least fourteen private physical therapy clinics conjoint or separate from private medical clinics. Home physical therapy services have been offered in three areas under auspices of the N. C. Society for Crippled Children and Adults, and in one area sponsored by the Heart Association.

There are forty-four State Board of Health Orthopedic Clinics in communities throughout this State. All are attended by physical therapists employed by the N. C. State Board of Health. This same group of therapists, four in number, serve as consultants to county health departments, public health nurses and private physicians, and see patients at home on a limited, primarily advisory, basis.

Occupational therapy services are restricted to the teaching centers, rehabilitation centers, tuberculosis, mental and Veterans hospitals.

There are six State Board of Health Clinics offering at least some speech therapy. The great predominance of speech therapy is administered through school programs. However some of these therapists do see older patients on a limited basis.

Vocational rehabilitation services are offered only through the Division of Vocational Rehabilitation operating through ten Regional Offices.

Prosthetic and orthopedic appliance services in addition to those at Duke and N. C. Memorial include eleven Regional Offices.

There are nine clinics offering mental health services to adults. The State Hospital system carries on a program of drug therapy for discharged mental patients in conjunction with county health departments and local physicians. There are no "half-way" homes at present.

The only currently active home care program offering rehabilitation services on a local level is the Person County program. Other programs are being initiated in Alamance and Guilford counties. Outpatient rehabilitation services are available at the Central Carolina Convalescent Hospital.

This is closely connected with the developing home care program. Work simplification for disabled housewives has also been initiated in Guilford County.

At this time there is limited activity on a less organized basis in providing some rehabilitation services in various counties and local communities. Visiting nurses in some County Health Departments are expanding their activities into home rehabilitation nursing and supervising certain phases of physical therapy programs under the guidance of visiting physical therapists and some medical supervision.

A few nursing and boarding homes are making an effort to employ rehabilitation concepts and methods in patient care.

Unmet needs for rehabilitation services in North Carolina are undoubtedly considerable but are difficult to estimate for the aged population. Goals in rehabilitation for this group may be different. These, of course, include maintenance and restoration of functional abilities in self care, ambulation and useful communication, household work simplification, and preventive rehabilitation to forestall complications and further loss of abilities. Vocational objectives with achievement of greater specific skills may be occasionally sought.

There are undoubtedly substantial numbers who might profit from periods of therapy and training in rehabilitation centers. Assuming that such centers did not function as nursing homes or custodial institutions, periods of hospitalization might average about two months. Probably at least 500 beds devoted to medical rehabilitation might be required in the State as a whole (assuming adequate financial support in all cases). Some of these might be "minimal care" beds in general hospitals which offered organized rehabilitation services.

The major unmet need, however, is for organized Home Care Programs which incorporate various rehabilitation services. Essential requirements would include (1) medical supervision, (2) centralized, close coordination, (3) provision of at least minimal medical and nursing care, social services and essential drugs and supplies, (4) rehabilitation services including home physical therapy, occupational therapy, speech therapy, vocational guidance, home recreative services, household work simplification, activities of daily living training, and provision for orthopedic appliances. Obviously not all programs could support all services but they should at least be readily available on a consultative basis. Such programs would (1) permit application of rehabilitation techniques earlier to patients with chronic illness and disability before functional loss became severe, (2) reduce requirements, now largely unmet, for personnel in various allied medical fields, since patients would be treated at home, largely by family members under the guidance, rather than directly by professional workers, (3) allow rehabilitation therapy to continue *ad infinitum* to help insure maintenance of gains achieved, and (4) be less expensive for the amount of service rendered.

THE NEEDS IN RELATION TO DRUGS

Inability to purchase prescription drugs appears to be a major need among the aged who are medically indigent. In Durham, for example, approximately 80% of the amount spent for all direct assistance cases aided by the Durham Better Health Foundation is for drugs. Approximately two-thirds of all such cases are aged persons.

SUMMARY OF INFORMATION AND SUGGESTIONS FROM COUNTY COORDINATING COMMITTEES ON AGING

General

Diagnostic and early-treatment services are seen by the majority of persons reporting for the county coordinating committees on aging as the major gaps in health services for older persons, including the mental health field.

Failure to utilize those services which are available is also cited by many, together with a lack of health and mental hygiene education. A Wake County spokesman asserts that "facilities are available if people would seek them out."

Individual financial need is credited in a large number of reports as being responsible for inadequate medical care. Particularly in need, many agree, is a large segment of the older population referred to as "not indigent," but as lacking "sufficient money of their own or insurance to finance their medical expenses." A spokesman for Caldwell County sums up the situation thus: "If the individual can pay his way, there are no gaps; if he can't, all he has is gaps." Many older people who could have afforded insurance earlier are said to have failed to realize the necessity for health insurance prior to their becoming uninsurable.

Inadequate funds and personnel in local departments of health and public welfare, and insufficient grants for medical care of indigents, are blamed by a majority of groups reporting for the inability of those agencies to provide special programs for the aged or to expand present services rapidly enough to keep up with the increasing demand within the older age group. Reports from Camden and Carteret Counties, among others, cite an urgent need for full-time health officers.

With the increasing numbers of counties taking advantage of the Hospital Survey and Construction Act and the resultant upsurge in number of general hospital beds in the State, very few county reports reflect urgent need for more general hospital beds. There are exceptions, however, especially in sparsely populated counties whose residents live at great distances from hospitals which serve large geographical areas.

Frequently named is the need for facilities for semi-convalescent or convalescent older persons, such as more licensed nursing homes and chronic disease hospitals. Such a hospital is reported in the planning stage in Mecklenburg County. The direct association between chronic illness and advancing age is noted by many physicians reporting for their county committees. This fact accentuates the necessity for such facilities and for

diagnostic, screening and early treatment facilities. At the same time, the increased likelihood of accidents and long-term disabling diseases among the older age group necessitates increased post-hospitalization after-care, rehabilitation, and other therapeutic services.

Included in the Davie County report is the affirmation that the "surface is scarcely scratched" in preventive health services; that a woeful lack of personnel makes it impossible to coordinate new services in this field. A suggestion contained in that report is that local health, education and welfare service agencies should "persuade their county commissioners to appreciate the value received in terms of services," and to institute extensive programs of health education.

Among health education and accident prevention programs mentioned are the in-service training programs of the departments of health and public welfare, and the institutes and field instruction by county safety councils (specifically, Caswell County.)

Principal causes of illness, disability and death are cited in general as following the national pattern. A Hoke County doctor mentions improper diet and poor housing among the conditions causing many of the illnesses among the older age group. A somewhat pessimistic trend is noted in the answers to a question concerning length of time older persons remain disabled. It is affirmed that many disabling conditions (such as cardiovascular diseases) result in permanent disability because of a lack of rehabilitation facilities. Several counties report a growing recognition of (or the beginning of efforts toward educating the public to) the fact that many older people can be restored to relatively good health following severe fractures, strokes, coronary attacks, and the like. Chatham County reports the recent acquisition of a physical therapist in its health department. Organized home care programs are in their infancy. The recent demonstration program in Person County is reported to have been conducted "to demonstrate how Federal, State and local official and non-official agencies and the community as individuals and as a whole can coordinate their efforts in an organized program for the home care and restoration of the chronically ill in a rural area; further, to determine the number of people and the funds necessary to provide restoration services which aim at self care and/or self support of the patient."

In addition to services provided through county health departments, a few private programs are listed, including that of the Home Nursing Sisters of Hayesville (Clay County). Among the purposes stated are health education and instruction of both patient and family, delaying or preventing the necessity for hospitalization, lending sick room equipment, and carrying out professional nursing procedures. The Sisters themselves report that "sometimes the nursing care most needed is a willing ear and a genuine interest."

The Medical Society of the State of North Carolina is conducting a study on how older persons pay their medical bills. A copy of the Hospital Discharge Study report for two Surry County hospitals, attached to that county's questionnaire, illustrates the fact that insurance is the method of

payment for considerably fewer persons over 65 than for patients aged 25-44. From a few other counties have come estimates which vary from one extreme to the other; for example, the committee in Henderson County estimates that the majority meet such expenses through their own resources, while in Cumberland County the majority are said to receive "free care." The estimate from Bertie County places the percentage at one-third each from their own resources, through insurance, and through public assistance.

Very few data are available to show the extent of use by the older population of health services, or the extent to which they are protected by health insurance. Only one county report gives any data on rates by members of prepaid hospital plans. City Hospital in Forsyth County conducted a recent survey which reveals that approximately 70 per cent of its patients pay through insurance.

An extensive pilot study of community health problems, programs and facilities in Durham County completed in 1959, has given top priority to the "most urgent" need for completion of studies in connection with the chronically ill, facilities for the care of the aged and the chronically ill, and "particularly the development of a coordinated program of home care in the county." The published study cites a Guilford County study as utilizing an effective technique.

Mental Health

Both preventive and restorative services in the mental health field are listed as urgent needs for many of North Carolina's counties, with special emphasis on mental health clinics and organized mental health programs and personnel, together with funds for financing them. Many of the eleven now-existing mental health clinics in North Carolina are reported far too small to serve large areas.

Pointing to the urgent need for recruitment and training of personnel in this field, several county committees have voiced concern that sufficient personnel could not be obtained even if salaries were available.

Activity centers are seen as desirable facilities for providing therapeutic activities both to aid in prevention of emotional disturbances and to facilitate adjustment in the community following discharge from a mental hospital.

A report from Scotland County states that there is a newly organized Senior Activities Center in one town, "with very good prospects for such a center being organized" in a second town.

Public education is seen as the major initial step toward better mental health, followed by community planning toward progress in the field. Major emphasis, according to the Scotland County committee, should be placed upon educating the public to (1) the benefits of activity centers, (2) the availability of existing services not now fully utilized, and (3) "the deteriorating effect of removing older people from familiar surroundings and former activities." Community efforts should be directed toward

keeping older people active in society. A beginning toward public education is reported being made through programs in a few local departments of health and public welfare, by private physicians, and through churches' and civic groups' programs. The Robeson County Mental Health Association maintains a speakers' bureau.

Progress is noted in the wider use of nursing homes, foster homes and boarding homes for senile or mildly disturbed patients as an alternative to mental hospital care. A report from Pitt County Mental Health Association reveals that a survey of Pitt Memorial Hospital was recently conducted by an American Psychiatric Association staff member "to determine its suitability for short term in-patient treatment for those who are mildly disturbed and non-violent." It is hoped that a ward for such patients will be set up in the new addition to the hospital now under construction, with patients to be treated by a private psychiatrist resident in the county.

A new trial-release program is reported to have been initiated in Caldwell County between the State Hospital and the county health department, whereby patients on trial release are supervised by health department staff and drugs provided at cost.

In other counties the lack of facilities, funds and staff is described as the major obstacle to the use of licensed homes for these patients, together with attitudes of apathy on the part of the public and of reluctance to accept this type of patient on the part of home operators.

Vocational Rehabilitation

Most counties returning the questionnaires on vocational rehabilitation report some vocational rehabilitation services available. At opposite ends of the scale are counties whose reports, as do those of Richmond and Greene Counties, indicate little use of such services for older persons, to others, such as Graham County, where needs of middle-aged and older persons in the field of vocational rehabilitation are reported "well met." In Haywood County, which is visited once a week by a State representative, the major gap is described as "lack of an organized program with sufficient personnel to make a survey of the need and availability of facilities which could aid in rehabilitation."

One of the chief unmet needs of middle-aged and older individuals is cited by other county reports as the tendency toward their exclusion as clients by some agencies. A Camden County spokesman's appraisal of such situations is that rejection causes despondency if not handled carefully, resulting in damage to the client and to the program. Many county reports, however, emphasize the large numbers of persons served.

A representative summary of the view expressed in several reports is that of Caldwell County, which reads in part, "With older people the work takes much longer, is more expensive, the individual is not so easily trainable or so versatile and the working life is short. The tendency is, therefore, to concentrate on the younger, quicker and more adaptable group with a long work potential."

There is need for education (1) of the public toward interest in rehabilitation, (2) of older persons themselves concerning available services, (3) of rehabilitation personnel in understanding older clients' problems, and (4) of employers with respect to capabilities of older rehabilitees.

There is approximately equal division of opinion as to whether rehabilitation agencies should have special counselors for older workers.

Additional needs listed are training programs located near older clients' homes, sheltered workshops, more employment opportunities, and additional agencies with appropriate facilities, funds and personnel. Finally, there are listed those special problems of persons with limited education who need rehabilitation.

CHAPTER IV

SOCIAL SERVICES

The Specialized Study Committee on Social Services of the Governor's Coordinating Committee on Aging was composed of twenty-three persons representing public and private social agencies, schools, hospitals, government and civic organizations.

The committee recognized that "social services are a flexibly organized system of activities and institutions to help individuals attain satisfying standards of life and health while at the same time helping them develop their full capacities in personal and social relationships. For older persons, they are those organized and practical activities which conserve, protect, and improve human resources." [1] The committee felt that older persons have the same basic needs as other age groups in North Carolina, but that they face particular problems as a result of the aging process. Problems most frequently encountered by older persons include—

reduced income
physical and mental handicaps
loss of friends and family
difficulty in maintaining suitable living arrangements
loneliness and isolation from community affairs

Public Welfare in North Carolina has been nationally recognized as a pioneer and leader in helping its older citizens cope with some of these problems, but the committee felt that there may be other unrecognized groups, and programs to meet these particular needs of our aging population. They, therefore, decided to make a limited and brief study of social service resources available in North Carolina to:

(1) help older citizens continue to live out a normal way of life in their own homes
(2) help families make workable plans which satisfy needs of both family and aged relatives
(3) provide care and protection away from home for the older person when necessary
(4) contribute professional services and skills to the older person to meet his particular needs
(5) provide opportunities for older people to use their experience and skills in useful activities
(6) help adults prepare wisely for their later years

In order to accomplish this task, four sub-committees made limited studies in four major areas of interest:

Social services to older persons in their own homes
Social services to older persons outside their own homes
Professional personnel available to provide these services
Volunteers available to provide these services

[1] White House Conference on Aging, *Background Paper on Social Services for the Aging*, (Washington, D. C., U. S. Government Printing Office, March, 1960), p. 2.

SOCIAL SERVICES TO OLDER PERSONS IN THEIR OWN HOMES

There is considerable evidence that older people desire to live independently and that they make better adjustments when they can live independently, close to friends and relatives. It is the basic premise of this report that older persons are eager to remain in their own homes and that provision should be made within the local community to make this possible. Older people frequently seem happier and better adjusted in familiar surroundings with friends and relatives nearby. There is also financial saving when older persons do not require custodial care. The first objective of social service to the aging, therefore, seems to be to reinforce or sustain the normal pattern of living whenever possible. Independent living increasingly depends upon the community resources upon which individuals and their families can draw. Hence, attention was focused on means by which older people could be assisted to maintain independence, health and happiness in their own homes through various community services and facilities. A number of social services in the State to help older persons maintain their independent mode of living were explored.

Personal and Family Counseling

Many older people need and seek personalized counseling when they are confronted by painful decisions, such as what to do next; a change in living arrangements; how to cope with upset family relationships; emotional problems; health problems; how to manage shrinking income; retraining for or readjustment to employment realities; and preparation for retirement. Relatives seek counsel too, when they want to help older family members. "Casework is the major social service primarily concerned with such personal counseling." [2]

Major resources for casework services in this State are the 100 county public welfare departments, the family service agencies, the larger Red Cross Chapters and the social workers at hospitals and mental hygiene clinics. The network of counseling resources is widespread but thinly drawn and as yet reaches relatively few older persons. None of the agencies contacted keeps statistical records on counseling services to older people. The State Board of Public Welfare recommends that each local public welfare department appoint one worker to carry "special responsibility for promoting the boarding home program and keeping informed on current developments in the field of aging." This is the largest agency studied which recognizes special needs of the aging. Current leaflet and manual material of this agency place emphasis on counseling or casework services. There is a need for more adequate and qualified staff with reasonable caseloads in public welfare and other social agencies so as to permit more casework services for the older age group.

[2] Ibid., p. 18.

Financial Services

Financial Services are "the essential under-pinning of a sense of well-being in the older years."[3] Present-day retirement practices and the physical limitations of the aging process leave many North Carolina citizens without sufficient independent income to buy food, clothing, and shelter, to maintain association with fellow men, and to meet emergencies. The major resources in North Carolina to meet this need for financial help are Old Age and Survivors Insurance, Veterans Benefits, and Public Assistance. Private family service agencies, church groups, and other voluntary associations sometimes provide limited funds for short periods of time to help families over a crisis period or with special needs. Their aid is limited in distribution and amount so that, while helpful in individual cases, it does not constitute a major financial assistance resource. Relatives constitute a potential resource to meet the financial needs of the aging but the capacity of adult children to provide for all the needs of aged parents is limited by the modest character of most family income, the demands of growing families, and the heavy burden of health care among the elderly. Public Welfare through its program of Old Age Assistance for persons age 65 and older is more and more becoming the resource to supplement other forms of retirement income. Hopefully, this will become in years ahead the means by which older citizens can supplement any other income sufficiently to maintain a stable and decent standard of living. However, at present in North Carolina, OAA can meet only 85% of basic minimum needs. Under present regulations larger grants are available to those being given custodial services, thus penalizing in a sense older people staying in their own homes.

Home Helps

Home Helps are important in enabling people to live in homes of their own choice as long as possible. As vigor and mental alertness decline, physical illness becomes more frequent, with consequent difficulties in maintaining independent living arrangements. Some of these difficulties may be overcome by social services which provide homemakers, practical nurses, and others especially trained to help persons remaining in their own homes. Homemakers, available through social agencies, carry an important role in helping elderly persons maintain independent living arrangements. Practical nurses, housekeepers, and domestics on a part or full-time basis, where the family has resources for paying for such services, are important in helping families keep elderly persons within the family group. These aides may prepare meals, do marketing and cleaning, and teach the elderly and their families how to assume responsibility for personal care. These services are particularly important when one of an elderly couple becomes ill, and they also help families care for aged relatives.

Homemaker service has been available in North Carolina for some years through several public welfare departments and family service agencies. No statistics are available on the extent to which this service has been used

[3] Ibid., p. 7.

over the years to help elderly persons. During the past year three additional county welfare departments through a grant from the Doris Duke Foundation have experimented with a pilot project on homemaker service for the aging. This experiment is of particular interest because it has been carried on in rural communities. Official reports recently available on this project indicate that the experiment is proving that homemaker service can be an effective social service for the aging even in rural communities.

Some other states and other countries, particularly England, have pioneered in providing several levels of housekeeping and domestic service for the elderly. North Carolina may have a potential labor market for rendering these home help services, but little has yet been done to explore these as resources for social services.

Several other home help services were considered. The committee hopes that practical nurse, visiting nurse and visiting physical therapy service will be explored in reports of other specialized committees of the Governor's Coordinating Committee on Aging. The need for these services is not limited to persons of low income but the services are not available in many sections of North Carolina.

Many elderly persons who attempt to maintain their own homes find that physical handicaps make meal preparation difficult and sometimes hazardous. The most widely publicized service to meet this need is usually called Meals on Wheels. Urban communities in a few states have experimented with the organized preparation and delivery of one or two hot meals a day to elderly persons so handicapped. These programs are administered by professional staffs with much of the work being done by volunteers. So far, North Carolina has had no experience with this type of service. It may even be possible to plan this service on an individual and regular basis in rural districts with definite arrangements being made for one family to provide hot meals once a day to older persons living alone and in need of such service. This daily call might well feed more than the body!

Other home help projects explored were day care centers where older persons might participate in group programs and enjoy hot lunches. Suitable staff for such operations is most important, and if staff were available, churches might well provide facilities.

Friendly Visitor service should be available in every community in North Carolina. Throughout the country organized programs have sprung up to help homebound elderly persons overcome loneliness and isolation. It is suggested that North Carolina have more of an organized program with some training of friendly visitors under professional direction to supplement the informal efforts of relatives, friends and church groups. Some professional administration seems necessary to assure continuity of planning and to maintain volunteer interest.

Opportunities for Creative Activity and Association

Opportunities for creative activity and association are basic human needs often difficult for the elderly person to meet. "Satisfying group relationships illuminate and enrich our lives . . . and they sustain us through

good times and bad." [4] Group work services have developed a number of "Golden Age Clubs" and other programs in urban areas of North Carolina, but such group work services should be made more generally available. Home Demonstration Clubs may be an effective resource for meeting these problems in rural communities.

Productive employment is one of the basic human needs and the social services are interested in the special vocational needs of older persons. "Since social agencies are in intimate contact with many elderly persons, they are in strategic position to do initial planning with those able and interested in working, to sustain their interest, overcome discouragement and to cooperate with vocational agencies in plans for retraining or specialized placement." [5] This committee urges more cooperation between social agencies and Vocational Rehabilitation in finding suitable employment for elderly people. It is also hoped that more sheltered workshops and other facilities for employment and outlets of crafts and hobbies can be developed.

Protective Services and Budget Management

The need for these services has only recently been identified. There are several levels of marginal legal and social competence where a person does not need placement in an institution but does need social services. For example, there are many elderly persons who are mildly confused and suffer periods of loss of memory which complicates their handling of checks and bills. Some governmental agencies, including OASDI and VA now take action to select or secure the appointment of someone to receive checks for persons found not competent to manage this income alone. In North Carolina, a new law provides the possibility of a "personal representative" for such persons receiving public assistance.

Skilled counseling on budget management is needed by many elderly persons who are not in need of protective services. These people need help in managing on reduced or marginal incomes, and in conserving their assets so they can maintain independent living arrangements. This is particularly true of elderly widows who have had little experience in money management.

Resources for protective services or for budget counseling within this State should be evaluated.

Information and Referral Services

Information and referral services should be able to offer accurate information to individuals and agencies and should insure efficient and effective use of existing resources. It is recommended that information, referral and counseling services be expanded in existing public and private social agencies, with coordination of information so that each worker knows all the community resources. Such services would include counseling on medical resources, housing, home helps, home safety measures, family problems, legal aid, financial problems, and employment.

[4] Ibid., p. 22.
[5] Ibid., p. 30.

SOCIAL SERVICES FOR OLDER PEOPLE NEEDING RESIDENTIAL CARE

Even though it is generally thought that most older people prefer to live in their own homes, there are certain areas of need that cannot be met in their homes. These areas of need have grown out of many changes in our society and population in North Carolina over a period of years. A few of these changes are economic changes with more industrialization and urbanization; savings and retirement income inadequate to meet today's living costs; housing, often smaller and more compact; increase in population; and advances in medical knowledge that have prolonged life. These changes, though a mark of progress, have produced social problems for many of our older people. Our planning to meet these social problems has not kept pace with other areas of our general progress. Therefore, many types of residential services are increasingly necessary to meet the current needs of older persons in North Carolina.

Some of the kinds of situations, social problems or identified areas of need that require residential services can be outlined in broad categories as follows:

A. Senile
   1. Single person with no family
   2. Couples with no family
   3. Both single persons and couples with families but where they cannot be cared for in the home of children or relatives because of housing, homemaker working, financial problems, and other social problems.

B. Physically ill
   1. Acute
   2. Chronic

C. Mentally ill
   1. Psychotic
   2. Neurotic
   3. Brain damaged
   4. Mentally defective

D. Alcoholic

E. Negroes and other minority racial groups

F. Indigent

G. The healthy older person who for various reasons prefers to live in a group situation.

The above identified areas of need are not an inclusive list, do not account for number or extent of need, and may reflect much overlapping in individual cases. The list does indicate those situations that communities and social agencies face daily in their work and in planning with the older segment of our population.

Some of the types of residential centers and institutions which are suggested to meet these needs:

A. Hospitals
   General
   Mental
   Convalescent and rehabilitation centers
B. Skilled nursing homes
C. Boarding and rest homes
D. Family care homes
E. Alcoholic centers
F. Residential housing projects and programs

All of these types of residential services and institutions exist in North Carolina. The problem is one of not enough, not enough professionally qualified staff in all disciplines, not enough organized volunteers, and not enough money to provide services needed. Despite the building of many general hospitals in the past two decades, many older persons must still travel hundreds of miles to get medical care for acute conditions that often become chronic and further disabling because distance prohibits the follow-up care needed. Cost of medical care for moderate income families is almost prohibitive and both public and private funds are inadequate to meet the medical needs of the indigent. Mental hospitals are under staffed. Nursing and boarding homes are too few. The problem of nursing and boarding homes for Negroes is acute. Qualified social workers, both caseworkers and group workers are needed in the various types of institutions to serve as the connecting link with Departments of Public Welfare, Public Health, and other community agencies for the older person. This affords a means of planning realistic rehabilitation in many instances and often prevents permanent custodial care. More medical and psychiatric social workers are needed in hospitals, alcoholic and convalescent centers.

The same services listed as needed social services to older people in their own homes are also essential for those persons requiring residential care.

PROFESSIONAL PERSONNEL IN SOCIAL SERVICES TO THE AGING

Social services to our aging population require great sensitivity and understanding of the social and psychological problems of old age. Indeed, one Congressional report points out "that present shortages of trained staff too often relegate this sensitive service to non-professional personnel who, despite dedicated and devoted work, lack the necessary knowledge and skills to undertake it effectively." [6]

A limited survey of major social service agencies in North Carolina was undertaken to determine the number of professionally trained and untrained social work staff now employed in work with our aging population. No effort was made to survey other paid personnel (homemakers, board-

[6] A Report of the Subcommittee on Problems of the Aged and Aging to the Committee on Labor and Public Welfare, United States Senate, *The Aged and Aging in the United States: A National Problem*, (Eighty-sixth Congress, First Session), Part VIII, p. 149.

ing home operators, etc.) in this field. For purposes of this survey a professionally trained social worker was defined as a person having had a minimum of one year of graduate training in an accredited School of Social Work. Results of this study (see following chart for breakdown) show 278 professionally trained social workers now employed in social services for the aging in North Carolina. Many of these are employed in supervisory and administrative positions so that very few trained workers are employed in positions where their skills in counseling are utilized in direct contact with aging persons. Only four of these 278 professionally trained social workers are devoting full time to social services for the aged. These four are employed in the Division of Services to the Aged of the State Board of Public Welfare, and devote the major portion of their time to the many facets of licensing the various types of homes for the aged. Another 20 to 25 professional persons on the State Board staff devote an identifiable block of time to services to the aging. The greatest number of persons employed in social services for aging in this state work in the 100 county departments of public welfare. One hundred twenty-one employees of these departments who have had one year or more of graduate training in accredited schools of social work carry some responsibility for social services to the aging along with other duties. These include 63 superintendents, 29 supervisors and 33 case workers. In addition to these professionally trained workers, there are 579 casework assistants with college degrees who work with some aging clients. In 90 of the 100 counties there are casework assistants who have as their major responsibility work with boarding and family care homes for the aged.

An attempt was made to obtain the approximate number of aging clients served by each agency. For purposes of this study aging was defined as age 50 and over. Great difficulty was encountered in securing reliable caseload statistics, since none of the public and private agencies surveyed keep statistical reports on counseling services by ages. Agencies giving hospital care or financial services were able to give estimates of these caseloads. The county departments of public welfare have by far the largest caseloads, and some idea of the need for more social work staff can be obtained from their figures:

Financial Assistance Cases as of 1/1/60		
Old Age Assistance—cases active	49,510	
pending applications	913	
		50,423
Aid to the Permanently and Totally Disabled		
(over age 50) cases active	12,000	
pending applications	725	
		12,725
		63,148

If the 531 case workers and casework assistants employed by the county departments of public welfare had only financial assistance cases of aged clients, their average caseloads would be 110 cases.

Information obtained through the survey is summarized in the following chart.

NUMBER OF TRAINED AND UNTRAINED SOCIAL SERVICE STAFF BY AGENCY AND APPROXIMATE NUMBER OF CASES AGE 50 AND OVER SERVED ANNUALLY

Employing Agency	State Board of Public Welfare, Including Disability Determination	State Commission for the Blind	N. C. Hospital Board of Control	Family Service Travelers Aid	V. A. Hospitals	Teaching Hospitals	S ate Board of Health
No. of Professionally Trained Staff*	150	33	12	31	24	11	17
No. of Untrained Staff	579	12	5	23	0	0	0
Approximate No. of Cases Served Monthly	63,000 not including disability determination	Not available	2,295	Not available	1,890	Not available	Not available
No. of Agencies in State	101	1	4	8	4	2	12 Mental Health Clinics

* Minimum of one-year graduate training in accredited School of Social Work; 5 persons on State staff with specialized training of one year or more in related field.

VOLUNTEER SOCIAL SERVICES TO THE AGING

There are almost no organized channels for securing statewide information on volunteer efforts. With the limited time allowed, only a very limited sampling of facts about the use of volunteers in the field of the aging in North Carolina was feasible. A simple questionnaire was devised in an effort to determine the extent to which volunteer services were helping the aging, the extent to which the aging were being used as volunteers, what more could be done for the aging by volunteers, what more could be done by the aging as volunteers, and how these suggestions might be implemented on a state-wide basis.

Thirty-eight questionnaires were returned and the report is based largely on this sampling. A detailed report of the many volunteer services listed would be quite lengthy; therefore, only a few of the major groupings are noted here.

The largest concentration of volunteer services seems to be in work with the aged in residential care. These included individual visiting and personal services for the aged in hospitals, county homes, boarding homes and family care homes, as well as the provision of food, favors, parties, magazines, religious programs and sight-seeing trips for the residents of these homes.

Red Cross has the most highly organized volunteer service available to the aging in group care. Their Gray Ladies and Nurse's Aides take training courses and work under supervision on a regular schedule.

Educational opportunities for the aging are also offered by a number of volunteer groups. Courses offered include swimming, dancing, nutrition, first aid, better farming, crafts, cardiac rehabilitation, home nursing, "Fitness after 40," and a course in care for the aged. From the wide variety reported it is believed that there are many educational opportunities for older people in North Carolina, but the questionnaires indicate that these opportunities are concentrated in urban areas.

Volunteers are also giving time to recreation services for older people through Golden Age Clubs and other senior citizen groups. However, these services are covered in the report of the Specialized Committee on Recreation.

County departments of public welfare are increasingly stimulating interest and working with groups in an effort to use volunteers on an organized, continuing, constructive basis.

Providing transportation is an especially important volunteer service needed both by elderly persons in their own homes and by residents in group care. This is one important way of combating the loneliness and isolation of old age. There are also the important practical aspects to providing transportation to hospitals, clinics, etc., and transportation for shopping at the grocery store for the elderly person who cannot carry heavy bundles.

The use of the aging as volunteers themselves was reported by several groups. For example, they were referred to as valuable board members and as participating in some of the volunteer services listed above. However, there seems to be need for more use of the aging as volunteers themselves.

Recognizing the greatly increased number of aging persons, the increased need for social services and the paucity of professionally trained social work personnel, volunteers offer a large untapped resource in providing effective social services to the aging citizens of North Carolina.

SUMMARY

This report reveals that there is a large growing program of social services for the aging in North Carolina. Important gaps in services and major needs for strengthening social services can be identified from this report.

SUMMARY OF INFORMATION AND SUGGESTIONS FROM COUNTY COORDINATING COMMITTEES ON AGING

Social services to older persons are available in all one hundred counties of North Carolina. An appraisal of the extent to which needs for these services are being met is given in replies to a questionnaire on social serv-

ices returned from 90 of North Carolina's 100 county coordinating committees on aging.

At least one social service agency is offering services in every county. In a few (for example, Alleghany County), the department of public welfare is said to be the only agency providing such service to older people. The following listing of agencies is given in the order of frequency with which they are named:

County department of public welfare (all 100 counties)

Churches and church-related organizations (majority of counties)

Vocational rehabilitation service

Veterans service center

Family service agency—(relatively few counties)

Hospital and clinic social service department—(relatively few counties)

Recreation agency—(relatively few counties)

Legal aid service (separate from legal aid program in department of public welfare)—(relatively few counties)

Many civic and fraternal organizations also sponsor specific services.

The following services are reported being provided by at least one of the agencies named above (also listed in order of frequency with which reported):

Casework services

Assistance in finding appropriate boarding home care

Help in obtaining admission to an institution

Making provision for needed hospitalization

Information and referral services to guide older persons and their relatives to appropriate resources

Friendly visiting and related services

Guidance in management of affairs and financial resources for persons not so incompetent as to require legal guardians

Help to legal guardians or families in planning for such individuals (above)

Help in finding foster homes

Legal guardianship for aged persons incompetent or only partially competent to manage financial affairs

Varied special services, such as medical loan closets, Help-a-Home, transportation to clinics, etc.

The casework services include counseling, family adjustment services, assistance in re-establishing family and community relationships after long periods of institution care, and other skilled services to individuals and their families.

"Helping them to meet their own needs" is a phrase from the Harnett County report expressed in various other ways in many other reports.

Interpretation of available services by caseworkers is called for in the Jackson County report.

There is concurrence among all the reporting county committees that there is need for expansion of social services for older persons especially toward help in living arrangements in problems of personal adjustment to physical and health limitations, in relationships with family and others, and in attitudes affecting self-esteem and role in family and/or community.

Help in identifying his problems is a need cited in the Columbus County and other reports.

Individuals' needs for social services come to the attention of social service agencies or groups through many channels, including application by self, friend or relative; referral from individuals, ministers, church or civic groups; referral from other agencies; or through caseworkers discovering individuals in need. Listed among the sources of information available concerning solutions to these problems, in addition to the departments of public welfare, the major agency, are ministers, physicians, lawyers, health agencies, Home Demonstration clubs and leaders, Employment Security Commission offices, and Veterans Service officers. In one county, an inter-agency service is listed.

The two services inquired about in the questionnaire which are listed as available in the fewest counties are homemaker service and meals-on-wheels. The former (homemaker service) is named most frequently as a "most needed social service."

Various stages in the process of obtaining this service through the department of public welfare are reported in almost a third of the counties. These stages range from recognition of the need, through "being explored" and "trying to obtain," to "using on a limited scale," and "service available." Following are examples:

Johnston County: "We are well aware of need; we want expansion of program on state level."

Henderson County: Organized, informed group of lay people to approach Board of County Commissioners for approval of funds (for public welfare department)

Polk County: Homemaker-type services are given by Home Economics Agent.

Cherokee County: Department of Public Welfare provides limited homemaker service.

Chatham County: Request made to continue demonstration homemaker service through the department of public welfare.

A spokesman for Stokes County states that the service is needed in a few instances, but "not enough" in this rural area to have a homemaker. Exploration of the need is reported to have been made in Hyde County, and the need recognized in this eastern agricultural area.

It is reported from many of the remaining counties that there is interest and awareness of the service's potentialities, but their public welfare agencies are unable to extend their programs because of insufficient staff and funds.

In summarizing the most pressing needs of older persons, (not restricted to social services) the county coordinating committees listed more adequate medical care and related services; recreation facilities; better housing (including increased boarding home facilities, especially for Negroes); and more adequate income.

The following programs, public and voluntary, are reported in operation to help raise the level of living of low-income families with dependent older persons:

Old age assistance
Other types of public assistance
Rural development program
Casework services
Housing authority
Extension service

Specific work for aged by civic clubs is mentioned in the Warren County and other reports. Granville County's adult education classes are said to have an indirect effect in helping to raise income.

Use of foster home care for the aged is being developed in many counties. In others, it is in the planning stage, as in Madison County, whose department of public welfare is reported to have received several applications from persons who want to board older people.

Public education through church and civic groups and publicity is recommended for developing awareness of the need for foster home care.

In response to a specific question as to facilities to detain aged persons in trouble properly, more than half the reports reveal that jails have to be used for those who cannot be admitted to general hospitals or immediately accepted by State hospitals or other facilities. Several alternatives are reported by others, including a ward or isolation room at the hospital (Edgecombe County), a separate security room in the jail building (Union County), and close cooperation among community agencies (Wayne County).

Also listed as needs are employment opportunities, legal services, and understanding by family and community. An opinion quoted from the Vance County report reflects other similar expressions of a need; viz., "some way to emphasize the responsibility of relatives."

In addition to the oft-decried shortages of personnel (professional and volunteer) and funds, several other underlying problems presented in rendering adequate social services are named. Some individuals' reluctance to go to the department of public welfare for non-financial assistance is one; another is finding persons willing to act as guardian or personal representative.

Representative plans reported underway to meet some of the social service needs include the following:

Jones County: A cooperative arrangement between the department of public welfare and a visiting nurse of the health department.

Rockingham County: Newspaper articles being planned, along with interpretation of needs to county commissioners.

McDowell County: Chamber of Commerce helping to arouse interest; two citizens reported interested in building needed homes for the aged.

Union County: Plans for coordination of social services through the community council.

Franklin County: Efforts exerted toward obtaining more trained casework personnel in the department of public welfare.

Figuring prominently in many communities' plans for increased social services are the county coordinating committees on aging themselves. The need and the hope for increased activity on the part of many of these committees is noted.

CHAPTER V

HOUSING AND LIVING ARRANGEMENTS

The close relationship of the emotional and physical well being of older people to their housing and living arrangements is cause for increasing attention to this basic need. As the number of older people continues to rise, social, economic, and cultural changes tend to make satisfactory housing more and more difficult to secure. It is recognized that the majority of older people continue to live in their own homes or with relatives. A small percentage of the total aged population must find care in substitute homes and some even in institutions. In either case their living arrangements should be safe, promote congenial association, and in general keep the older person insofar as possible in the main stream of community living. With these facts as a basis, it is recognized that it is important for older people to continue living in their own homes as long as possible and that when group care is necessary the aged persons have a choice regarding their future homes. There is the need for additional information in North Carolina as to how the large present population of 310,000 persons 65 and over are living. What are specific problems facing them in such areas as safety, accessibility to public transportation, shopping facilities, etc.?

PLANNING INDIVIDUAL HOMES FOR COMFORT AND SAFETY

Because of increasing infirmity and its complications due to bereavement, retirement, and other changes in the status of older couples and individuals the following problems often arise:

1. One mate usually dies before the other. Most often it is the wife who is left alone.
2. Frequently the present home is too large or otherwise unsuitable.
3. Often times the occupant does not own his home and other housing must be located.
4. The living space available is unsuitable for special interests of the older person, such as no room for storage, no garden space, etc.
5. Accessibility to community facilities and transportation difficulties.

All of these problems are closely related to the low per capita income of our older citizen; however, no realistic planning can be made for alleviating these conditions until actual facts are available on the adequacy of existing facilities in terms of both safety and comfort. It is suggested that volunteer fire departments and local home demonstration clubs might be interested in giving assistance in a comprehensive survey. There are many groups and interested individuals who would gladly volunteer for this service. Among those determinations which need to be made are the percentage of persons owning their homes or buying their homes as well as those who are renting. The availability of single dwellings and apartments is important. How many of these have electricity, hot and cold running water? What type of heat is used and what about the safety of the heating equipment? An important fact which relates to the accident rate and also to the social isolation of older people is whether they live on the second

floor or if the living quarters are not confined to the second floor, whether it is necessary to have the bedrooms on the second floor. Any comprehensive study of where and how older people live would include many other items; however, these essentials to comfort and safety will suggest other areas in the housing field which could well be evaluated at the same time.

A nationwide guide for homes for older persons should be developed to include not only a guide for new facilities, but for renovation of existing homes. Such a guide would not be only concerned with design and construction but also with the location as regards commercial interests, accessibility to community facilities, and the type of neighborhood where there would be congenial association with all age groups. The scenic value of the location should not be overlooked and space should always be provided for privacy and gardening activities if the elderly person is interested. Because of safety factors as well as ease of maintenance, every consideration should be given to selecting a building site. The home should be constructed on one floor and the arrangement should be convenient, keeping in mind diminishing energy as one grows older. Both interior and exterior should present a pleasant appearance and be attractive to the person for whom it is planned. Special attention should be given to such items as the correct height of equipment and storage which could be used without accident. Whether the building is a new one or an existing one, all of the modern safeguards possible, such as handrails to the steps, handgrips in the bathroom, adequacy of electrical outlets, etc., should be incorporated.

The specifications of the building code are too detailed to enumerate in this report. They can be secured from the Insurance Department; and any home being renovated and certainly any new construction should be planned to meet all of the requirements for safety contained in this building code. One of the purposes of a national guide would be to familiarize the general public with nationally approved standards and suggest where local information could be secured. Further means of stimulating interest in designs for homes for older people would be promoting architectural competition with appropriate awards.

There is need for information on housing to be more readily available to persons seeking advice. The dissemination of facts on housing, to be effective, must not only reach the builder and the aged person, but should be a part of everyone's thinking in evaluating needs of older people. Every person working with older people should be fully advised of the basic information in the field of aging and know where to turn for specific advice. Some means should be developed for giving the legal and financial counseling which is needed whether one is building or renovating. There should be an opportunity for exchange of information and whatever plan is devised should be thoroughly publicized through news media, governmental authority, building inspectors, realtors, ministers, physicians, architects, etc. While such service could be provided by an existing agency, the fact that the agency gives this service would need to be widely publicized.

FEDERAL HOUSING MORTGAGE INSURANCE PLANS

Under the National Housing Act the Federal Housing Mortgage Insurance Plans have been extended to cover individual homes, homes for elderly people, multiple family rental accommodations sponsored by philanthropic and other non-profit organizations with recognized interest in providing housing for the elderly, and more recently Congressional action has provided for profit motivated multiple family housing and proprietary nursing homes. Full information regarding this method of financing can be secured from the Federal Housing Administration Insuring Office. In North Carolina this office is located in the Guilford Building in Greensboro.

PUBLIC HOUSING

The major cities in North Carolina have housing authorities and at present these total 22. There is no state money in North Carolina used for public housing and all of the funds come from the Federal government. There is a Federal law providing limitations on the total mortgage per project and limitations on the cost per unit. The size of housing units varies from one to three bedrooms. None of the public housing facilities in North Carolina is designed especially for elderly people. Many of the units, however, are rented to aged persons. These facilities are designed for families and many contain stairs. There is a possibility that some of the one bedroom units could be converted to combination living room-bedroom units for elderly people. It has been found that the aged require more services than public housing managers are able to give and that these needs are progressive. Housing authorities are not staffed to provide custodial care and other services which become necessary. The minimum rent for housing units in North Carolina ranges from $15.00 to $18.00 based on income levels. The average income of the elderly living in public housing units is about $55.00 per month.

So far public opinion in the State does not favor public housing. Since public housing legislation provides that there can be no new construction without the approval of local municipalities, this opinion is a deterrent to expansion. Furthermore, older persons in general do not wish to live in a community of older people, but desire continued contact with younger people.

A special report on planning individual homes for comfort and safety, as well as studies of public housing point out the wide range of community services which need to be developed in connection with adequate living arrangements when older people live in independent housing. These include homemaker service to provide for those people not in need of twenty-four hour supervision such help with the day by day chores and planning as needed to help them to continue their independent living arrangement and to derive the most satisfaction from it. Many public welfare departments now provide this service and others are planning to begin it. Another service which assists persons to live more satisfying lives in their own homes and in touch with others is that of "Friendly Visiting." This is a volunteer

service which could be developed by groups under a variety of sponsorships. Another service which lends itself to the use of volunteers and a variety of sponsorship, which is especially needed for this group of aged persons, is "Meals on Wheels." The guidance provided through visiting nurses' services is an urgently needed community service for aged persons in their own homes. While the services mentioned above are services that are taken into the home, it should be mentioned that there needs to be encouragement for older people to go out of their homes and mingle with other people. The close proximity of a Golden Years Club or some similar organization would provide maximum association with people of mutual interests with the least physical effort. Clubs should look towards locating in communities so that a minimum of travel would be necessary for the participants in their activities.

FAMILY CARE HOMES, BOARDING AND REST HOMES, AND HOMES FOR THE AGED

As of June 25, 1960, there were 458 licensed facilities for older people in the State located in 92 counties. The total capacity is approximately 6,000 people. Of these 458 licensed facilities, 192 are family care homes. Since it is established that older people wish first to live where they now are and secondly if they cannot maintain independent living arrangements to live in a home as nearly like the one to which they are accustomed as possible, family care homes provide this opportunity for people to continue to live in their own community in familiar surroundings and near those people dear to them. The services of the department of public welfare are available to everyone seeking this type of care when they can no longer live independently. In these homes one lives as a member of the family in a home-like atmosphere. These homes are limited to not more than five but many of them have only two or three elderly residents.

Boarding and rest homes differ from family care homes in that they are larger and as they increase in size take on more of an institutional pattern. These are of the greatest value to people needing more specialized care than provided in the family care home. They are selected by a resident on the basis of his special needs and preferences. These are domiciliary facilities and provide the kind of care one would get in his own or a relative's home. Skilled nursing care is not provided; however, such personal care as one would receive in his own home under the supervision of his family physician is provided. The county departments of public welfare maintain an active list of homes and a current list of vacancies and are always in a position to help a person find a home on a selective basis.

A number of homes for the aged are non-profit homes. These are usually large facilities where broad programs of activities and interest are organized in the home. This does not mean that these homes are isolated from the community but rather that the size and scope of the program make it possible to provide these additional attractions. Many of these homes have in connection with the domiciliary unit well equipped and staffed infirm-

aries with medical supervision. Persons going into these facilities usually plan to spend their remaining years in the home. In North Carolina these non-profit facilities are under either church, fraternal, community, or other sponsorship. In addition to the domiciliary and infirmary units, some have apartment and cottage housing for older people who wish to continue their independent way of life. These are especially suitable for couples. Much of the present day thinking in acceptable standards of care for older people outside of their own home has grown out of the experience of these non-profit homes. The broad interest of the sponsoring group, the sound fiscal policies, and the effective programs of these homes have given them a place of leadership in the field of housing for older people.

All 458 homes licensed by the State Board of Public Welfare are periodically visited by the state staff, inspected for fire and sanitary safety by the appropriate agency, and visited on at least a monthly basis by a worker from the county department of public welfare. In-service training for operators of these homes and for public welfare workers supervising the homes is provided through regular workshops and institutes. While planned by the State Board of Public Welfare, these workshops and institutes make wide use of specialists from other agencies and institutions.

Licensed facilities have been a valuable resource in helping long-term aged persons leave the State hospitals after they no longer need treatment and return to supervised community living. The security provided in these homes has prevented many older people from breaking under accumulating stress and strain and their necessary commitment to an institution.

Just as home care programs have reduced the number of persons living in state institutions, they have sharply reduced the number living in county institutions. There are at present 25 counties still maintaining county homes with a population of 1,170, and these are evaluating their programs in the light of new community resources. Some of these are considering leasing the property to be operated as a home for the aged while others are developing a more specialized program.

SUMMARY OF INFORMATION AND SUGGESTIONS FROM COUNTY COORDINATING COMMITTEES ON AGING

The importance of adequate living arrangements for older persons is indicated by the extensive attention given this topic by county coordinating committees on aging. The principal unmet housing needs of older persons described in reports from these committees include the following, listed in order of frequency with which mentioned:

Low rental housing
Sanitary facilities
Nursing and boarding homes
Independent living arrangements in groups of units
Safety factors
Better heating
Accessibility to church, shopping, etc.
Repairs to present dwellings

Hot water
Modern cooking facilities
Sick room equipment

From the Pitt County Coordinating Committee comes the opinion that many older colored citizens who are unable to afford lodging in towns are moving into "tenant houses in the country, where they exist under crowded conditions."

Education toward safer, more sanitary housing is seen as a need in several counties. A spokesman for Sampson County observes that many aging individuals "do not know what 'good' housing is." And an Alexander County committee member states that although indoor plumbing is a need, it "may not be wanted very much."

More adequate housing, adapted to individuals' needs with medical aid, is listed as the top need among older people in Nash and in Onslow Counties, and additional group care facilities are urgently needed in many others. On the other hand, the Person County committee believes that housing needs there are not too great, that most older citizens in that rural area live with their families, who seem to feel more responsibility than do families in urban areas, and that others own or rent independent dwellings.

"A boarding home to care for senile and emotionally disturbed older people not in need of institutional care" is a need stated in the Scotland County and other reports. And a second home is needed in Stanly County which would offer "a more cultural environment for certain types of people."

Boarding homes, affirm reports from Mitchell and Yancey Counties, "need the help of concerned community people in their social program."

There is interest, reported from Bertie County, in erecting a building for aged Negroes, and an urgent need cited in Anson, Wake and other counties for boarding home facilities for Negroes.

From several counties (including Brunswick, Watauga and Duplin) come reports of the crowded conditions of older generations living with families and needing more room for hobbies and privacy. Just the reverse of the problem is cited by others (for example, McDowell and Swain), that of aging couples or individuals still living in dwellings designed for large families and needing smaller, more convenient and easily heated homes.

A problem reported in Camden County is that of persuading older people to move when it becomes necessary for them to leave their familiar surroundings.

The majority of reports concur in reflecting two significant facts:

1. that there is a dearth of actual data concerning where, how, with whom, and under what circumstances older people live, and
2. that very little is known of the specific needs and desires of older citizens in the area of housing and living arrangements.

Aside from a special housing survey being conducted in Fayetteville (Cumberland County) by the Bureau of the Census, and a contemplated survey in New Hanover County, no county report indicates any inclusive

information concerning housing costs of older people. Estimates of the monthly rental paid by older persons range from $15 to $50, with the higher estimates pertaining to urban dwellers.

From only one county is there a report of any survey on the housing preferences of older persons. A Rowan County agency's "spot check" finds opinions divided, but the majority preferring a neighborhood of contemporaries, away from the noise and confusion caused by children, with one-story buildings near churches, libraries, shopping facilities and public transportation. It is noted that some elderly persons "advocate living in a project open to all ages on the premise that younger couples and children widen their scope of interest and keep them 'young.' "

There is division in this matter, also, in the opinions expressed by members of county coordinating committees on aging. In the main, it is felt that it is good for older people to associate with all ages, especially for the sake of making them feel more a part of the community. Most agree that a housing project open to all age groups but with some units set aside for older persons would be desirable in many communities.

In the area of homes built for sale, there is information from only two counties concerning private housing projects attempting to sell units especially to elderly persons. In Tyrrell County, a project with 100 units contemplated has completed 30 units, of which 8 are reported occupied by elderly persons.

However, substantially larger numbers of rental housing projects are reported as designed to attract elderly residents. Two examples are the following:

Rowan County: Preference is now being given to aged persons in rental of one-bedroom apartments operated by the Housing Authority of the City of Salisbury. Of 24 completed units, elderly couples or individuals are reported to be occupying 14.

Durham County: The Durham Housing Authority contemplates the erection of 50 units designed especially for older people in Few Gardens, whose present 36 one-bedroom bungalow type units are reported occupied exclusively by older persons.

In no project described are common services provided, nor are medical care and recreation programs arranged for.

Most frequently made suggestion for stimulating more private construction and renovation for older persons is for an educational program to show the need and to inform builders and related organizations of the special provisions for older persons in the Federal Housing Act of 1956.

It is reported that a Surry County Council on Aging is considering establishment of a local information center, with wide advertising of its availability to furnish housing information.

The suggestion that housing surveys be conducted comes from several county coordinating committees on aging. A plan for obtaining and utilizing needed information is recommended by the Pitt County committee as follows:

a. That county authorities at the earliest possible date provide for the necessary surveys mentioned in the suggested questions for fact-finding.

b. That private interests be encouraged to provide approved rest home facilities for those able to defray expenses of such facilities.

c. That the data obtained be used to take steps toward providing facilities for the care of aged citizens unable to defray the expense of private facilities.

CHAPTER VI

EDUCATION AND RECREATION

The entire nation is growing aware of the significance of later maturity. Facts are mounting indicating the situation and vividly pointing to its potentials. The sum of the facts prove overwhelmingly that we can live longer and that the span of life may be even further lengthened. While this is a thrilling achievement it is accompanied by a big question—HOW will we live these years? If the privilege to live is ours—the challenges now are threefold:

(1) To change some of the existing negative concepts about this period of life; revitalize the social and economic status of the senior citizen; and provide wholesome practices and procedures of life that this period may be lived as richly as possible by those who have already entered it.

(2) To have those who are now in adult life prepare for the years of later maturity through the utilization of the knowledge we now possess and that which will soon be available, so that the opportunities to enjoy them may be better assured . . . to have those enter these years with reasonable good health, a fair basis of economic security, with individual dignity and social environment . . . and to build effective programs of recreation for this group to enrich the hours of leisure.

(3) To plan ahead for the generations coming on so that every factor of contemporary life bearing on the welfare of the individual be utilized for a steady growth based upon the benefits provided . . . to plan ahead so that when the present generations of younger people reach the years of later maturity they will be better adjusted to this time of life and that life will move on through healthy and gracious living. This is the only sensible way for society to reap the maximum benefits of the potentials available.

ADULT EDUCATION

Definition by Lyman Bryson: "Adult education can be defined as including all the activities with an educational purpose that are carried on by people engaged in the ordinary business of life."

In order to work effectively and efficiently with the educational needs of older people, it is felt that this work can be accomplished to a greater degree if it is developed as a part of the offerings in a larger program of general adult education. In studying the findings of adult education groups and committees that have worked on these problems in the past ten years, it is discovered that a similar pattern of recommendations emerge from their work—this committee's recommendations not to the contrary.

Eight years ago one of the more comprehensive of these surveys gathering information from fifty-two state organizations and agencies engaged in adult education work in North Carolina, listed the following major problems:

1. A recognition of the significance and importance of adult education as a major factor in the educational life of the State.

2. The provision of a State Director or Coordinator of Adult Education at State expense.
3. The inclusion of adult education as an integral part of the work of the public schools and a part of the total teaching load of the public school teachers.
4. The offering of adult education leadership training courses for professional and volunteer lay leaders by institutions of higher learning.
5. The recognition that the curriculum must be based on needs and interest of adults and that a well balanced program must be offered each age group.
6. The provision of adequate teaching materials and essential teaching equipment; i.e., projectors, record players, blackboards, libraries, etc., for adult use.
7. The need for adequate and suitable meeting places for adult education activities.
8. The offering of counseling and guidance services to adults.
9. The responsibility of the public school in the total program of adult education including its relationship to other community agencies. This involves such problems as facilities, curriculum, teaching materials, finance, etc.
10. The place of existing agencies, such as church, library, home, local clubs, etc., as centers of adult education.
11. The function of private as well as public agencies in the program.

At the North Carolina Adult Education Committee's Fourth Annual Conference in 1957, the following goals and policies were formulated:

1. To develop an association strong enough to serve the needs of adult education in North Carolina, but one which will coordinate rather than duplicate the activities of the organizations represented by the members.
2. To encourage expansion of adult education programs through county and local adult education groups.
3. To conduct and encourage research in the field of adult education and to provide information about adult education.
4. To encourage state-wide support of adult education through state and local agencies, institutions and organizations; to extend services to them and cooperate with them.
5. To provide opportunities for meeting other adult educators, for doing cooperative planning, for exchanging information, and for carrying out other activities.
6. To cooperate with regional and national adult education organizations.
7. To see adult education emphasized as an important part of the educational pattern in North Carolina.

The present status of adult education in North Carolina, revealed by the various surveys and reports analyzed, points up the need for a coordinated effort in the area of general adult education. With the establishment of this structure, the needed educational assistance for the aging could be more rapidly developed.

LIBRARY SERVICES

The library provides materials and services to help the individual to educate himself continuously; to develop his creative and spiritual capacities; to become a better member of home and community, and to make such use of leisure time as will promote his personal and social well-being.

Library service to older adults is not a recent innovation. What is new is the increasing emphasis on understanding the problems of aging in order to determine the libraries' appropriate role in meeting educational needs and leisure time interests.

From the State level, libraries presently offer books and services to the aged and aging in every North Carolina community. Books, talking books and Braille, films, recordings, slides, pamphlets, maps, tapes and periodicals (available through state library agencies) supplement local library collections. Teaching materials are provided for extension courses sponsored by high schools and interested groups in planning and providing services and programs for older people. The State Library serves as a clearing house for information related to the aging and is developing a special collection of materials on the subject.

Public libraries are located in 98 of North Carolina's 100 counties. Countywide public library service is available in 95 counties from main libraries, bookmobiles and branches. Through an extensive interlibrary loan program and a system of referral from the State Library and the Interlibrary Center at the University of North Carolina in Chapel Hill, every citizen in North Carolina has access to the library resources of the State and beyond.

In addition to books and other materials relating to the health, housing, financial, educational, recreational, employment, retirement, and other needs of older people, many libraries assist older adults in program planning for their clubs, churches, or other organizations. Some libraries with more adequate physical facilities initiate programs for senior citizens such as discussion groups, film forums, music hours and lecture series. More frequently, older citizens participate in and contribute to the programs planned for adults in general. Local libraries also serve as an information center in the community and offer referral services to other agencies.

Present services from the State and local level need to be greatly expanded and improved. By National Standards there is not a public library in North Carolina which has the personnel or materials to meet minimum requirements for adequate service. In 1960, North Carolina Public Libraries have less than 1 book per capita. National Standards call for two books per capita. Only two public libraries in the State have a specialist in

the field of adult services. Not enough trained personnel is available in the libraries to provide services to meet needs of special interest or age groups.

Libraries in North Carolina need staff members with special education, training and experience to identify and meet the needs and interests of all groups including the aging. They need greatly increased material resources relating to the interests and problems of the aging. These materials need to be made easily available to the aging and to social workers, employment counselors, ministers, doctors, nutritionists, domiciliary care personnel, and others working with the aging, their families and friends.

Libraries in North Carolina need to expand and improve their services to individuals and groups. The services to groups are of two kinds: those to existing community organizations and those to library-sponsored groups. With more adequate resources and personnel, libraries would be better equipped to help senior clubs and organizations plan programs, select appropriate topics for presentation, and provide or help locate resources such as booklists, films, displays, recordings, instructors, books and speakers. They could initiate more library sponsored programs such as film forums, discussion groups, classes and clinics for older adults and Golden Age clubs. Library buildings need to be designed to meet expanding programs of service.

Research is urgently needed regarding motivation of older adults; interests; mechanical reading aids; use of volunteer groups; evaluation of existing programs and services for senior citizens; demonstrations and pilot projects; and methods of serving the aged in sparsely settled areas and those who are receiving domiciliary care.

Library-community studies need to be made in North Carolina communities to identify the needs and interests of our senior citizens and to determine effective methods of meeting them through the cooperative effort of groups and agencies associated with the aging. Community resources need to be identified and used to meet educational needs and leisure-time interests. Abilities of senior citizens should be explored. Many contributions can be made by the retired citizen.

The potential for socially useful library service to older adults in North Carolina is great. Present resources in trained leadership and materials are woefully inadequate. While there is room for more effective use of existing resources, the library needs of our aging cannot begin to be adequately met until more funds, materials and skilled personnel are available.

RECREATION

Recreation is a major force in social well-being. Recreation takes its place along with education, health, religion and work as one of the essential processes molding individual personalities and creating abundant community living. All of these elements, in proper balance, constitute the nucleus of total social stability. Dynamic community recreation programs are woven deeply into the design for the good life. The need for, the uses of, and the values from recreation are constantly increasing. Its positive

contributions to the individual and to the community are recognized and more widely accepted than ever before. Patterns of wholesome recreation shaped into effective programs and services are essential to a modern democratic society.

The older person does not derive the deepest satisfaction from his leisure, if it is devoted solely to doing something for himself or having things done for him. Thus, a sound program of recreation activities for older people must be well balanced, offering opportunities for self-expression, pure enjoyment, and service to others.

Some of the recreation activities carried on regularly in clubs and centers throughout North Carolina are as follows: special interest groups, arts and crafts, dancing, dramatics, learn-for-fun, nature and outing projects, music, games, and service projects.

It is known through study of the recreation needs and wishes of our older people that they have an average of five hours of leisure every day, which is unassigned and not required for the tasks of living. In order to take advantage of these cultural and happiness potentials in the leisure of our nation, which is greater than at any time in history, we must, realistically, help to create an atmosphere and formulate the "community" attitude which causes such individual recreation cultural effort and achievement to receive the strong, overt approval which will give it a status like that which tradition has given only to work. A national attitude, not now present, needs to be created as well—an attitude which will give status to recreation.

SUMMARY OF INFORMATION AND SUGGESTIONS FROM COUNTY COORDINATING COMMITTEES ON AGING

Education

Formal educational opportunities for older persons are extremely few in North Carolina, judging from the answers to specific questions asked in a survey form, intended by the Governor's Coordinating Committee on Aging to serve not only for gathering information for the Governor's Conference on Aging, but also for stimulating awareness within the counties of the potential resources which might be utilized for the benefit of their elder citizens.

The extent to which older persons participate in formal classes and courses available to the public at large is reported as slight. Spokesmen for communities in which colleges are located indicate that such courses are available but that there is small participation, even when evening classes are offered. High school courses attracting the largest numbers of older people are vocational evening classes and agricultural courses. The largest number reported is in New Hanover County, where there are older persons among the 600 persons above high school age enrolled in vocational classes. There are the special literacy classes taught in conjunction with early-morning television programs. Other educational efforts reported as

attended by older persons are a veterans' class and typing and bookkeeping courses in Hertford County.

No county coordinating committee responds in the affirmative to the question, "Does your public school system employ a specialist in the field of aging?" One county (Wilkes) adds, "However, any school can and does offer assistance when requested." And several reports reiterate the position of the State Board of Education in encouraging the use of public school facilities and special teachers for older people. Local school boards make their facilities available to reliable agencies seeking to promote such educational opportunities. Several county committees recommend greater use of public school facilities for these purposes. "Informal education such as in the arts and crafts and homemaking, provided through community leadership" is suggested from Bladen County.

The need for initiating, improving and expanding adult education programs is cited in a large number of county reports. A Craven County resident states that people in that county are "just beginning to talk about the need." Many county reports point to the need for a survey to determine the need and demand. Several Senior Citizens' Clubs are said to be considering canvassing older persons themselves to determine their educational needs and desires.

Publicity, programs at civic clubs, and presentation of proposals to municipal governing bodies are suggested. County committee members suggest that public officials are "not apathetic," but that there seem to be no funds available either to stimulate the general public or to carry out adult education programs. In answer to the question, "Are these objectives best met through improvement and expansion of the general adult education program, or through special programs for middle-aged and older persons?" the majority of committee members recommend the latter.

There are no "yes" answers to the question, "Are courses for older persons promoted in activity centers or in homes for the aged?" However, Wilkes County reports that a new rest home now under construction is expected to offer several activities and courses.

The Home Demonstration Clubs are credited most frequently with reaching older persons in rural areas with educational programs, and with utilizing the knowledge of some older women as leaders. Many of Iredell County's older women are said to "take home economics information home to younger working women unable to attend classes."

The major unmet educational needs of older persons are described as follows: (1) Half the counties report need for knowledge of how to use leisure time to the best advantage of their community as well as to themselves. Cultural pursuits, recreation, hobbies, arts and crafts are all mentioned. (2) One fourth of the reports stress preparation for retirement (economic and emotional) and follow-up. (3) Retraining for less demanding occupations, while still in the labor force and after retirement. (4) Organized reading and writing courses for those with little or no education.

The greatest need is seen to be among those who retire from full-time

employment, especially men who retire, although one writer states that there is little difference between the educational needs of men and women, "since each actively seeks the companionship of the other." One county's pessimistic reply to the question of unmet needs is that "there are no *met* needs" in his county.

An especially observant reporter from Buncombe County observes that the communities are losing valuable guidance in educational fields and at the same time missing employment for older people themselves by failing to utilize their own educational skills and experiences in teaching others.

Although it is "hard for youth to understand their needs far in advance," says a Buncombe County educator, there is at least the beginning in many counties of efforts to inform younger people of the needs and attitudes of older people, especially as to the importance of developing satisfying and diversified interest of all people in anticipation of later years. High school classes in home economics and social studies give some time to discussion of three-generation home problems, as does individual counseling. There are programs in PTA, 4-H and Home Demonstration Clubs, and in church groups. The Senior Citizens clubs in Halifax County are reported to invite younger people to their own club meetings, and to be in the process of forming service clubs among the young people.

Library Services

At least 75% of the county committees reporting are of the opinion that the public library's program for older adults should be integrated with its regular adult program, rather than having a separate program; although a significant minority in both small and large population centers would prefer a separate program if staff and facilities would permit. Most older people themselves, the majority say, prefer not to be segregated because of age.

Among library programs and services designed especially for older persons are the following:

Special collections of books, films, magazines—reported by more than one-third of the libraries, with one (Vance) having published a list of such collections in the local newspaper and another (Forsyth) having made a printed list available.

Talking books and/or machines, and books in Braille for the blind—nearly 100% report making these available to blind citizens.

Music and non-musical recordings—40%

Books in large type—one-third

Ceiling book projectors—10%

Book magnifiers—less than 5%

New libraries are being built with special attention to physical facilities which make them more accessible to older patrons, such as street-level entrances without monumental steps to climb, and/or elevators to above-street public rooms, handrails where necessary, and nearness to bus and street-car lines in the cities where such transportation facilities are available.

Suggestions for services to older persons with physical handicaps such as failing vision and crippling arthritis which make it difficult to hold or read books and magazines include special book rests or racks, page-turning equipment, ceiling projectors, book projectors, and special listings of large-print and small-weight books. For those with limited or no education, a few county reports suggest that special classes or reading groups be initiated in public libraries, as well as radio and television programs, recordings, and lists of books according to reading levels. A public library sponsors a loan program in the Pitt County Memorial Hospital.

Bookmobile service is cited in 100% of the reports as being the most effectively used facility for supplying library service to older persons in rural and sparsely settled areas, and is reported especially important in those counties, such as Pamlico, with no public libraries. There are regular home stops in many counties for elderly shut-ins and residents of boarding homes and nursing homes. Branch libraries, a mail program, and cooperation with rural ministers and Home Demonstration Clubs are other ways suggested for reaching older homebound persons as well as projects, and volunteers' furnishing transportation to programs at the library.

Volunteers are seen as an important potential for assisting the library in its service to shut-ins, nursing homes, and homes for the aged. Half the counties reporting suggest that volunteers could carry library services to these persons, by borrowing and returning books for them, reading regularly to those with limited vision, and operating book carts in hospitals and homes. Lack of direction and regularity in volunteers' services, however, is cited as a major problem involved. An organized program for utilizing volunteer services in assisting the understaffed libraries is seen as a solution, with a related and perhaps preliminary project of finding out who and where the shut-ins are and what their reading interests (potential and present) are. A suggestion from Stokes County is that community agencies might furnish the public library with a list of people to be served and their needs.

In order to serve older people effectively, the librarian and his staff, most county committees agree, need to know the following about older people, listed in order of frequency of mention: older people's interests, capabilities, mental and physical health, and educational level, psychology of aging; numbers and location of older people; and sources for available literature which might be helpful.

The Northampton County librarian, who is chairman of the county coordinating committee on aging, is reported making a survey of all types of needs among older people as she covers the county by bookmobile.

By making available all types of material (books, films, magazines, records, pamphlets) related to the aging and the aged, the library can cooperate with the church, the public school, other community agencies, the professional worker with older people, and pre-retirement planning programs of industry, unions and other agencies. In addition, the library's available resources in these areas need to be made known to the public in general as well as to the groups desiring the loan of such materials. Library

staffs are seen as valuable program participants in programs in such areas, and as liason for securing needed materials from State or other libraries. Many librarians also would be in position to help secure good speakers and discussion leaders.

In the area of pre-retirement planning (both by industry and by the individual himself) special materials on hobbies, crafts, small businesses, investments and gardening are seen as valuable contributions libraries can make toward older people's economic and emotional adjustment to retirement. One (Beaufort County) Superintendent of Public Instruction states, "I find teachers are very unhappy when they reach the mandatory retirement age. Some pre-planning in the creation of interests and activities should be helpful."

A suggestion from Catawba County is that libraries encourage industries to have their own libraries to help employees, and assist them in sponsoring hobby classes.

Major unmet needs for public library services to older people listed most often are more adequate physical facilities, equipment and staff; greater promotion and use of present facilities through organization; and increased direct book service to shut-ins through either volunteers or bookmobiles.

A Vance County librarian would like for senior citizens' clubs to "tell us their needs." Only a few counties report no public library within their borders, including one in which there is a current campaign to reopen a now-closed public library.

Recreation

Two-thirds of the county coordinating committees returning questionnaires report no organized recreation programs serving older persons in their communities. Their unmet recreation needs are cited variously as "too big to describe, because totally unmet" (Vance) ; "We are desperately in need" (Lincoln) ; and "a great need, especially in rural areas" (Orange). In rural Currituck County where there are "no towns," recreation is listed by one spokesman as being "the most pressing need" of older persons. Even among those counties reporting organized recreation programs, it is pointed out that in many cases the programs are organized only in one town in the county, and that existing facilities are not available to older people. A recreation director in Scotland County says there is nothing for older people "except as spectators for the younger recreation program." Another in Iredell County states that there is no question but that "the Golden Age group is as much a challenge today as the teenage group."

The librarian in Chowan County reports no recreation facilities at all in her county, "and I doubt if prior to the organization of the county coordinating committee on aging it had been thought of."

Recreation is being "thought of" in an increasing number of communities, however. Even where no City Recreation Department exists, there are programs mentioned by one-third of the counties reporting, which are sponsored by churches, Home Demonstration Clubs, civic and Women's Clubs, YWCA, YMCA, and in a few instances, community councils and

organized businessmen in towns. Facilities used include a scattering of recreation centers, churches and civic buildings. One location noted is the local fire department.

Activities vary. Most frequently cited are games, parties, lectures, movies, and trips. Less frequently mentioned are arts and crafts, dancing and other musical activities, as well as such specialized clubs as stamp clubs or disc clubs, and volunteer services for community agencies.

Financing comes through small club dues in most instances; but through donations in a few. Revenue from parking meters in Macon County finances a Senior Citizens' Club there.

In only one county (Alamance) was the participation trend cited as "down." The remainder show steadily increasing participation since the initiation of recreation programs. Rowan County's six clubs claim that their membership of 350 represents the largest membership in North Carolina.

Interesting older people in recreation or orienting them to its desirability seems to be a problem in many localities.

The experience of the Greenville (Pitt County) Recreation Department in attempting to organize a group of older citizens reveals that "too many of these older people belong to various clubs and do not desire to organize such a group." It is suggested that such programs be given "a mark of distinction and prestige to remove the badge of charity or pity."

A recreator in Orange County points out that "the aged person needs to overcome his feeling of guilt about using his leisure for self-enjoyment." Speaking for Duplin County, one person testifies that "some emotional adjustments could be made through a recreation program." The need for recruiting more male participants is pointed out by counties reporting a predominance of women in senior clubs.

Greater use of existing facilities, such as public school playgrounds and gymnasiums, would help meet some of the unmet recreation needs of older persons. They need to feel a part of, and to be included in, recreation plans. One rural community in Person County which has recently developed a youth program reports that this double need is being accomplished by older persons themselves who are teaching square dancing to the youngsters and helping to plan activities.

Another major unmet need is the opportunity for older people for social mingling. A few counties cite even the lack of a movie theater. Volunteers could take older persons, especially those with no families or in boarding homes, for automobile rides in the country.

In Lee County, a Business and Professional Women's Club provides transportation to Golden Age Club meetings and arranges programs.

If additional funds were available, new activities that should be undertaken are listed as acquisition of paid personnel to direct recreation programs for older people, physical facilities, more frequent club meetings, hobby workshops, recreation centers for each community in each county, and more Golden Age clubs, arts and crafts, and study groups. The Mont-

gomery County report points out that only two of the five larger communities in the county have parks.

Steps that are being taken to attract more participation include publicity programs, bringing the needs for adult recreation to the attention of municipal administrations, civic groups, and churches, more interesting programs in existing organizations of older people, membership campaigns among members of Senior Citizens Clubs, and publicizing and attending State Conferences. Forsyth County clubs are urging their members to bring new members.

Five counties reporting specific efforts include the following: The Asheboro (Randolph County) City Council is making long-range plans for adult recreation; a County Council in Surry County has been appointed to appraise and make recommendations; in Washington and Stokes Counties surveys are being made to determine needs; and the possibility of a Jaycee-sponsored recreation program is reported in Cleveland County.

It is noted by most of the counties reporting that there should be increased coordination of efforts by public and voluntary agencies in promoting recreation activities for older people, with a division of sponsorship, financing, and volunteer work determined cooperatively, and the utmost use of present facilities and services made. The local county coordinating committee on aging is seen by many as the logical channel for community efforts in this area.

CHAPTER VII

FAMILY LIFE, COMMUNITY RELATIONSHIPS AND RELIGIOUS ACTIVITIES

The three areas of concern of this Committee are somewhat disparate, but they have in common the fact that they are strongly affected by the attitudes and character of people as well as by tangible factors. In order for programs suggested by this and other Study Committees to be carried out, wholesome and constructive attitudes about aging and the aged need to be widely held. Adults of all ages should recognize that aging is an inevitable process which is going on constantly from the beginning of life. Thus, everyone needs to accept aging and make preparations for its various stages.

There is a continuing responsibility to adjust to the changing circumstances of life. This requires flexibility, tolerance, the spirit of adventure in every day life, and a sustained concern for one's fellow man.

The development of good attitudes is a challenge to the family, religious institutions, and other organized groups and the community as a whole.

This Committee recommends the study and distribution of the following document prepared by a committee for the North Carolina Conference for Social Service in 1957, entitled "A Bill of Rights for Senior Citizens."

* A BILL OF RIGHTS FOR NORTH CAROLINA'S SENIOR CITIZENS

The North Carolina Conference for Social Service affirms its belief that every older person of our State should be regarded as an independent person, unregimented by any conception of his proper role in the common social life. With this belief in mind, the Conference urges that every individual and every community strive to achieve this broad objective by encouragement, education, and other constructive measures, thus assuring to each of North Carolina's Senior Citizens the following rights and opportunities:

Article 1. Sufficient steady income to maintain a level of living consistent with decency and health and to enable participation in community life as a self-respecting, independent person.

Article 2. Living arrangements that are both satisfying and adapted to his capacities.

Article 3. A fair share of the recreational, educational, medical, social, religious, and other resources and services of the community.

Article 4. The opportunity for continued development of the interests and skills which he possesses.

Article 5. Access to learning, training, and skills for new occupations or new fields of activity in keeping with his capacities.

* Adapted from the North Carolina Conference for Social Service, Special Projects Committee, 1957.

Article 6. Purposeful activity that is satisfying to himself and to the community and that is commensurate with his capabilities.

Article 7. Continuance of former contacts with work associates and in the community, insofar as he may wish.

Article 8. Ways to make available to others and to the community his store of experience and wisdom.

Article 9. The respect of his community as a mature adult, and opportunity and obligation to achieve this respect through service in keeping with his interest and capabilities.

Article 10. Access to information, resources and help in preparing and adjusting himself for old age, and recognition of his duty to make such preparation and adjustment.

FAMILY LIFE

Satisfying personal relationships are necessary to happy and effective living at all ages. As life progresses changes are inevitable which necessitate adjustments, but it is vital that older people continue to have close ties with family members or suitable substitutes.

A basic consideration is that usually the best place for the aging person is in his own home, or with relatives, outside of institutions or other group care. For the small percentage of persons who must be planned for outside their own homes every effort should be made to locate facilities in their own areas in order to preserve as many bonds as possible with friends and the familiar community.

When needs cannot be met by the aged or their own families, communities must be able to give help in meeting them. Communities have recognized their responsibilities for supplementing family resources to meet the needs of younger age groups, and they should increasingly accept their responsibilities for similar kinds of help for older persons.

Programs already in effect place emphasis on effective substitutes for family relationships.

Older persons who continue to live in independent living arrangements may be cut off from personal relationships by distance, death of relatives, or means of satisfactory communication and need some help in establishing substitute family relationships. Some churches and civic groups have successfully developed programs of friendly visiting. These programs, however, are spotty and each community should evaluate and coordinate these to the end that no person lacks a friend.

In more than 200 foster family homes in North Carolina, licensed by the State Board of Public Welfare, aged persons unable to continue to live in independent living arrangements are finding effective substitutes for family relationships once enjoyed. These homes are selected because they are compatible with the person's way of life, among friends, convenient to the church of his choice, etc. Frequently the normal family composition in the home gives the resident a grandmother or grandfather role. More such homes are needed in every county.

In all programs involving the non-family aged, efforts to help the person develop relationships with an "extended family" are made. The value of this type of arrangement has been demonstrated in the case of aged patients in mental hospitals. Many of these have been institutionalized for long periods of time but have been able to adjust satisfactorily to life in the community with the understanding and interest of someone willing to take the place of their natural families. Often this need is met in a boarding home, licensed by the State Board of Public Welfare.

Counseling by a trained and experienced worker can be of help to the aged individual and his family in bringing about acceptance of, and adjustment to, changed circumstances. Problems of reduced income, failing health, inappropriate living arrangements, loss of or separation from loved ones or family relationships in a three-generation household are among those facing older persons and their families. Through supportive case work services families and their aged are often able realistically to appraise situations and to accept practical alternatives in achieving satisfactory goals of living. More qualified counselors need to be made available in communities by a variety of organizations and agencies.

A relatively new service to older people in the state is that of Homemaker Service. This service makes it possible for older people to stay in their own homes and communities with their possessions and among friends. Regular help with those tasks which the older person cannot adequately manage alone postpones or eliminates the need for admission to an institutional setting. This normal and more satisfying way of life in one's own home is far less expensive than group care. In the five counties in the State now having this service the homemakers are regular members of the county department of public welfare staff.

Even for close-knit, self-reliant families there are financial, social, and health conditions which threaten the ability of the family to survive as a unit. Communities need to look at the wide range of public and voluntary services necessary to help families in crises, and move systematically toward providing them.

In order that young and old may be better family members at all ages there is a need for much more extensive family life education. Many organized groups have a part in this. The North Carolina Family Life Council states:

> "There seem to be three major areas of need for the North Carolina Family Life Council to promote better family living and better family life education for and among members of our aging population. These include relationships, health, and housing.
>
> "Changes in relationships in aging families necessitate new adjustment patterns. New interests must be developed. Family Life Education should assist people to develop new interests after retirement. It should also assist people in preparing for the time of increased leisure and new kinds of adjustment. The North Carolina Family Life Council has an obligation to assist in developing such programs.

"Beyond the governmental and social aspects of health for the aged lies the necessity for education for family health for aging families. Health and safety in homes which have aging people are a concern of the North Carolina Family Life Council.

"Houses have not been built for older people. Yet our aging population has need for special facilities. Special planning for safety and convenience is needed for building and remodeling, especially the latter. The North Carolina Family Life Council should take initiative in promoting research concerned with housing for the aging as well as in the development of programs of education to put the results of research into action."

Within the public schools the work of home economics teachers in family life education for aging is valuable and can become even more so. A spokesman states:

"It has been said that homemaking education synthesizes knowledge for use in family life situations. Thus the homemaking teacher is challenged to provide learning experiences which can be used by the pupil to meet individual needs. One such need is the ability to get along well with people: beginning with the very young, continuing through the life span to include the older person.

"While there is no formal unit in the homemaking curriculum directed toward the problems and needs of older persons, some homemaking teachers do include this phase in Family Life Units. Pupils are encouraged to respect and appreciate older persons as individuals, to become aware of the enrichment which older people provide in family life experiences, and to develop an awareness of the existing needs of older persons—physically, emotionally, socially, spiritually, and mentally. In addition to the Family Relationship Unit, other units which might afford opportunity to include problems of the older person are Home Care of the Sick, Foods, Housing, and Health.

"Perhaps as more homemaking teachers become aware of and sympathetic with the problems and the needs of older persons, this part of the cycle of family life will not be included in such a fragmented fashion, but will become integrated more effectively in the homemaking curriculum."

Several other state-wide organizations such as Home Demonstration Clubs, Women's Clubs, and Parent-Teacher Associations give emphasis to family life education. These should be expanded to include more material on the place of the aging in the home and special needs of the aging.

COMMUNITY RELATIONSHIPS

The area of community relationships extends from the large county-wide council or committee with coordination and "long range planning" to the myriad organized groups of the community. Each has a role in the solving of problems of aging, because they are essentially local problems.

Each county should make efforts to organize some overall group which will discuss accomplishments, problems and needs, will set attainable goals

and make plans to reach them. In some counties this may be a matter of a semiannual meeting of such people as representatives of organizations, recreation, employment, library, the clergy, private medicine, public health, public welfare, private social services, the agricultural extension service, business, county commissioners and city council, family life education, unions, etc., etc. In some counties there may be the formal continuation with regular meetings of such groups as have come together in preparation for the N. C. Conference for Aging.

Many new organized efforts are needed in most communities, but before they are mentioned it should be noted that it is important that the aging be helped to continue their existing community activities. Clubs and organizations may do this by special indications that they are valued members, by providing transportation or other needed personal assistance, or by establishing a class of "emeritus membership" to provide for lessened responsibilities without loss of active status.

The educational potential of all organizations in aging should be developed. They may have educational programs on preparation for aging, studies of retirement in pre-retirement years, explorations in the use of leisure time, and the like.

Communities should provide many more opportunities for adult education at all ages. Among them might be workshops and discussion groups sponsored by public libraries, arts, crafts and literary study classes, and vocational courses.

There is a need for organized effort in recruitment and training of persons to perform needed personal services on a volunteer or paid basis. Homemakers and friendly visitors have been mentioned elsewhere in this report. Visiting nurses are also needed. A valuable service is that of "personal representative," a relationship provided by law for aged persons who are not in need of a legal guardian but do need the interest and counsel of someone who can help direct them in wise use of limited funds.

In all community activities related to aging the aged themselves should be involved in program planning at all stages. Their viewpoint, knowledge and skills are indispensable.

RELIGIOUS ACTIVITIES

Religious activities for the aging are being partly provided through the churches and partly through such avenues as radio, television and the press. Among services and activities available through the churches are Sunday School classes, women's circles, Golden Age groups, service opportunities, honorary leadership positions, and well-organized friendly visitor programs, as well as pastoral calling and services of worship at church or in homes.

Although much is being done, many opportunities are neglected. The excellent suggestions and materials for programming and helping Older Adults available from the National Council of Churches and the individual denominations, often are not fully implemented locally. The reason is

three-fold—lack of knowledge of needs and other facts about older adults, lack of motivation, and lack of skilled, trained leadership among clergy and laymen. Many programs could be developed through more extensive use of these materials.

Motivation of developing an adequate Ministry to Older Adults depends on reorientation of clergymen toward this group. An informed and morally aroused clergy will stimulate lay leaders to plan, finance and lead in providing a more helpful ministry. This ministry must include families of older adults, helping family members to understand and appreciate them.

In small communities, interdenominational activities for the aging might be considered.

SUMMARY OF INFORMATION AND SUGGESTIONS FROM COUNTY COORDINATING COMMITTEES ON AGING

Family Life and Community Relationships

Problems of personal and family attitudes, especially in three-generation homes, are reported as being less acute in rural areas than in urban in reports from North Carolina's County Coordinating Committees on Aging. Rural counties indicate that rural families in general tend to "continue to accept responsibility for their aging parents."

Reported alike by rural and urban counties, however, are problems in three-generation homes, such as conflicting interests, financial difficulties, friction in matters of disciplining children, and physical and health limitations. Homes are not built to take care of severely handicapped individuals, nor for after-care following illness.

Difficulties resulting from older persons' maintaining independent living arrangements include the dislike or fear of being alone, social isolation and the absence of satisfying relationships with other persons, lack of transportation, financial need, and difficulty in managing financial affairs. In rural areas, again, several counties report that neighbors and families generally "check in on" such older persons. Having relatives near in case of emergency is listed as a vital need in several reports.

Noting that these are individual problems, persons reporting for their county committees suggest the following solutions, (listed here in the order of frequency of recommendation) :

1. Educating the community to an awareness of, interest in, and understanding of older people's needs and problems.
2. Services, such as homemaker service, personal representative, legal guardianship, bedside care.
3. Assistance by civic clubs in organizations for older people and transportation.
4. Individual counseling, especially by trained counselors.
5. More boarding homes and/or nursing homes in communities near the older persons' families and friends.
6. Provision by home owners of more adequate facilities for renters.

7. Medical aid, including non-cancellable health insurance and Public Health bedside care.
8. Rehabilitation programs and education of the public to their importance.

Replies from a large number of counties indicate that neighboring communities are accustomed to expect help from each other. Well over half the counties reporting suggest that communities with underdeveloped services learn from other communities having successful service programs, through joint meetings, visiting the successful communities, and securing outlines of programs and other published material. A speakers' bureau for the entire state is one suggestion. Continued study and efforts by local coordinating committees on aging are suggested, together with cooperation from churches, agencies, and community organizations.

A good public relations program to educate the public is listed as a necessity by approximately one-third of the counties reporting.

Repeatedly, it is pointed out that older persons themselves should participate in identifying their needs, educating the public and each other to these needs, planning for their solution, and promoting projects and programs. The need for outlets for older people's skills, capabilities, and interests is noted frequently, as is their need for organizations of their own under church and/or civic auspices, both for the purpose of discussing problems and for developing helpful projects. It is emphasized that older people should certainly be included in planning committees, such as the county coordinating committees on aging. Among those counties profiting from inclusion of elder citizens in county-wide Workshops on Aging have been Yadkin, Perquimans, and Burke, as well as many others.

Most frequently listed organizations having programs for older persons are local government agencies, such as the departments of public health, public welfare and recreation. Church groups come second, with service organizations third, such as Red Cross, civic clubs, family service agencies, YWCA and YMCA. A relatively few counties are able to list such community-wide organizations as Community Councils, United Social Services, or Councils of Health and Welfare Agencies. A solution mentioned by several is the continuation and strengthening of programs of coordination among agencies and other groups initiated by the county coordinating committees.

The only family life programs reported are those of the Home Demonstration Clubs, a few churches, PTA, and one county's (Gaston) pre-retirement counseling program by industry.

Religious Activities

Almost half the counties reporting indicate that local churches conduct special worship services in honor of veteran members, and utilize the time and skills of older members in special committees, such as telephoning, mailing, beautifying grounds, etc. More than half report that ministers' sermons are recorded or broadcast for homebound members, that Com-

munion services are held in homes of the infirm, and that pastors engage in family counseling as to relationships in three-generation homes.

Relatively fewer churches hold banquets and parties for older members; one county committee reports that such a program had been tried, but that "some do not like to be called old."

(This sentiment is echoed in a number of other reports, which advise that older members should receive special recognition, but that they should be treated as "part of the whole church." A spokesman for Iredell County phrases it, "Treat older people in a special category only when this is necessary to reach them effectively.")

Still fewer report church-sponsored conferences for older adults or training classes on the art of aging successfully. The Iredell County report observes that only a few people will attend this type of class unless it is woven into other programs.

Other special services listed are visiting, taking literature and conducting Sunday School and worship services for shut-ins, especially in homes for the aged. A Forsyth County minister states, "We are not doing enough in this area."

Opinions differ as to what should be the special role of the church in ministering to the special needs of older people. Visitation is named most frequently (more than half), together with services or gifts to be taken to older people's homes. Counseling and guidance, both for individuals and their families, is emphasized by almost half the groups reporting, as is the provision by churches of meeting places for clubs, recreation and creative activities, cultural pursuits, and study and discussion groups.

Church facilities provide an excellent place to begin organized activities, say many report groups, since the church "does more for the aging than any one other group."

One county committee (Wilkes) outlines a proposal for a community-wide program for the aging, to be sponsored and financed by the Ministers' Association with all churches participating. They express the belief that "churches have the best opportunity for providing guidance, strength, comfort, opportunities for service, as well as creative and wholesome recreation for this group." They recommend the local YMCA as a central location "without denominational ties."

Another county (Clay) cites a minister's proposal to all the churches in that community to promote interdenominational church programs, suggesting the following steps:

1. A survey and repeated personal contact to determine needs of elderly residents from the older persons themselves.
2. Establishment of a program based on the survey, to offer the following opportunities:
   a. Planning by active and shut-in persons
   b. Fun, fellowship, and worship
   c. Service opportunities for older people
   d. Educational topics in movies and addresses (health, finances, philosophy)

e. Pastoral counseling
f. Crafts and hobbies

3. Encouragement toward older people's forming club if they wish.

The obligation of churches to provide physical necessities is stressed in a large number of reports. In addition, a frequently expressed sentiment is phrased particularly well by a committee member from Lincoln County: "They (older people) are ministered unto, but need to minister unto others." The minister needs to be alert to ways older people can be useful as "ministerial assistants," according to a member of that profession in Davidson County.

Many of the county committees advise that churches should emphasize the older member's usefulness to his church, his community, and himself, and should offer him opportunities to utilize his skills and experience in church committees for telephoning, mailing, repairing hymnals, arranging flowers, beautifying the grounds, and visiting.

The roles of family, community and church are summarized in the Caswell County committee's evaluation of the place of the older person in the stream of community relationships: "Where the responsibility was once in the home, it can now be seen as a church-centered activity with the minister . . . 'counseling' more than any organization, but . . . being the first to admit need for skilled resources." Members of this committee express the feeling that "the issue of aging . . . could be satisfied within the family unit and supplemented by the various civic and religious groups of the county."

CHAPTER VIII

PERSONNEL NEEDS

The Committee on Personnel Needs studied Reports and tentative Recommendations of the other seven Specialized Study Committees, with specific regard to personnel needs within the disciplines under consideration by each. The following basic assertions are apparent from this comparative study, as well as from the experienced opinions of the members of this Committee.

1. There are shortages of personnel in North Carolina in almost every field which includes the aging in its services; the increasing number of older persons is one of the causes for such personnel shortages and one of the reasons for the need for recruitment of additional personnel in many fields to be specified in the following report.

2. Because aging persons' needs are essentially the same as the needs of adults in any other age group (with certain variations), agencies providing services to the aging should in general continue to include work with the aging as part of their overall programs rather than employ full-time personnel to provide specialized services for the aging alone. Exceptions are noted for some fields. In many areas, present services need to be expanded for all age groups.

3. There is need for closer cooperation among the agencies serving the aging within individual communities, together with a coordinated effort to provide information concerning already available services and referral of older persons to sources of needed assistance.

PERSONNEL SHORTAGES

Study committees generally have expressed the philosophy that the older person should be able to live in his own home as long as he chooses and is able. This ability depends upon the services available to meet his specific needs, and consequently, upon sufficient personnel to supply these services. A major area needing increased consideration is that of preventive social services; i.e., prevention of necessity for moving older persons from home environment to institutional setting, for mental, physical, psychological, etc. reasons.

The Committee on Population and Research (I) mentions two cautions for all those engaged in the fields of services to the aging: First, that in our honest concern for the welfare of the aging who need our care, we should not force on them projects, programs, and plans which although we feel are needed, bear no relation to the personal needs and desires of these people. We must deal in terms of individuals, not the mass of statistics concerning our elders.

Second, that if the present population of older adults receives more than its equitable share of goods and services, successive generations of senior citizens may enter this phase of life less well prepared for this role than they should be if they, as younger people, had been given an equitable opportunity to develop and prepare themselves economically, educationally, recreationally, socially, physically, mentally, and psychologically for their later years.

Research

All eight Study Committees cite the need for more information in all areas pertaining to the aging: numbers and location of older persons, their incomes and living arrangements, types of programs and services needed, etc. Basic research in the social and phychological aspects of aging should be more actively encouraged and strongly supported than has been the case hitherto. The problem of interesting personnel in entering the field of medical and biological research constitutes the primary problem in that area, rather than the question of financing such research projects.

Income Maintenance and Employment

With the exception of Over-40 Clubs, and the project of the Altrusa Club in assisting older women to find employment, there is in North Carolina no continuing program of assistance to older workers in finding employment except for that provided by the Employment Security Commission. If the local Employment Security offices were adequately staffed (ratio of one person to each 500 applicants) to handle the workloads in all areas of operation, the present system would be considered adequate to handle the applicants among older workers now in the active files.

In the controversial matter of retirement (mandatory vs. selective) employers in the State take varying positions. The easiest plan to administer is the one providing for compulsory retirement for everyone at a given age; however, experience shows that a selective retirement program enables valuable employees to continue in the service of their company, thereby benefiting both the employee and the company.

An urgent need exists for pre-retirement counseling, not now generally available. The question, "What are you going to do when you retire?" is just as vitally important as "What are you going to be when you grow up?" Begun in the early middle years of employment, this program would have as one of its purposes the prevention of "retirement on the job."

Health and Medical Care

North Carolina ranks tenth from the bottom among states in ratio of physicians to population, having one practicing physician to 1,500 population. Forty counties (representing 42% of the total population) have only one physician per 2,000 or more population. It is clear that physician coverage in many areas is marginal to definitely inadequate, particularly in smaller communities.

The North Carolina Dental Society reports 1,316 dentists, or a ratio of one dentists to 3,900 persons, with eight counties having no practicing dentist.

There is need for increased hospital personnel (professional and non-professional) to render service to patients, including expanded physiotherapy and occupational therapy, counseling, guidance, ancillary technical therapies, and rehabilitation services to patients, including the mentally

and emotionally disturbed; as well as additional non-professional workers for patient care services outside the hospital.

Lack of personnel is a major reason for the fact that only 20 North Carolina counties have any specialized home care services for the ill at all. One has a comprehensive program which has been in progress since June, 1958.

The total number of practicing nurses (registered professional and practical) is far short of the number recommended as needed by 1960 in a 1950 Study of Nursing Needs and Resources in this state.

Social Services

Few agencies rendering social services to the aging keep statistics on services to individuals by age. However, it is recognized that the shortage of staff with a minimum of social work training is critical. There is great and growing need for adequate staff in public welfare and private social agencies to make available skilled casework services.

In addition a variety of specialized services which may be staffed by a combination of professional and non-professional personnel, such as homemaker services, group work services, Friendly Visitors, Meals-on-Wheels, financial services, and legal aid services (now available in some degree to older persons in their own homes or communities), should be generally available to *all* older persons in the community.

Whether they are living in their own homes, in rooming houses, in foster family homes, in boarding homes, in nursing homes or in institutions, the demand for social service personnel, with specialized training and/or experience, to meet the needs of these older citizens requires urgent attention. More funds for salaries and for training are essential to cope with personnel shortages in this area.

Housing and Living Arrangements

There is great need for trained personnel to staff additional group care facilities for aging citizens. While significant progress has been made in providing appropriate types of care for older persons who must give up their own homes, the programs in group care facilities generally need strengthening to provide more varied activities and to gear activities more closely to individual needs. Some of this deficit in trained personnel can be met through increased use of community resources.

Education and Recreation

A coordinator of adult education in each county and additional trained leadership in the field of General Adult Education are major educational needs. There are not enough trained personnel in libraries to provide services to special interest or age groups. Recreation has a personnel shortage similar to those shortages in education and social welfare, even though North Carolina has the second largest professional recreation society at the state level, and there are some 500 full-time and more than

5,000 part-time recreation personnel. Estimates of individual community needs for increased personnel depends upon the communities' recreation resources.

Family Life, Community Relationships and Religious Activities

This Committee, like the committee on social services, recognizes the shortage of personnel as underlying the lack of such services as Friendly Visitors and Meals-on-Wheels. It has emphasized the role that the volunteer individual or group in the community can play in initiating such needed services to strengthen family life for the elderly.

Increasingly, churches are expressing interest in staff who can focus on the services which should be available to aged, and often house-bound, members, and on the most effective continued utilization of the interests of the older members of the congregation in providing essential services for their churches.

SPECIALIZED vs. GENERIC PERSONNEL

In the majority of Committees and sub-committees, there is agreement that the specialization of personnel in services to older people would tend to produce the undesirable effect of segregating older persons from the population as a whole. In most areas, recommendations concern the expansion and coordination of services presently available so as to make possible the inclusion of a greater number of older persons.

Exceptions occur in the following five areas which necessarily are concerned with the aging as a separate segment of the population. These areas include the following:

Pre-retirement Counseling. The Personnel Committee emphasizes the necessity for counselors to be specialists, and to be older persons themselves.

Employment Services. A study indicates that adequate placement of older workers in employment cannot be met until specialized personnel are added to the present employment service. Based upon a ratio of one person to each 500 persons served, and one person on a half-time basis for each 250 or more persons served, this study indicates that the following cities would need a full-time person in the area of older-worker-employment: Asheville, Charlotte, Gastonia, Lumberton, Raleigh; and that twenty-one additional local offices could advantageously use the half-time specialized services of one individual, the remainder of whose time might be utilized in another specialized field, such as services to the handicapped. Twenty-eight local offices should be served on an "incidental" basis.

Dentistry. The North Carolina Dental Society mentions the need for the employment of dentists especially trained in geriatric dentistry under the Division of Oral Hygiene, State Board of Health.

Social Services. The State Board of Public Welfare suggests that within local public welfare staffs at least one case worker be appointed to

carry "special responsibility for promoting the boarding home program and keeping informed on current developments in the field of aging." This means a minimum of 100 specialized workers and preferably at least 125 for the 100 counties. In addition at least half of the 100 counties should have available a minimum of two homemakers to serve older people in the community as needed. Adequate supervisory staff at the State level would require six to eight specialists. All of these personnel are in addition to the general case work staffs.

Religious Activities. Two ministers in this Committee report a trend toward churches' securing personnel especially for work with older people.

The impracticability of segregating the older segment of the population, in general, is evident, since the total population needs are the same as those for older people. The major need is for strengthening existing services.

Health and Medical Care. The medical care of the older members of the population is but a part of the medical care of the total community, and the needs of this group will to a large extent be met by the practicing physicians and medical facilities of the community. Although there are certain problems peculiar to the aging, the need for a geriatrician is currently premature. In the area of home care, programs for older persons should be a part of the overall program, rather than having specialized services for the aging developed. The nursing profession (private duty nurses; public health nurses; institutional, office and industrial nurses; licensed practical nurses; nursing aides and orderlies) is cited as ministering to the nursing needs of those persons in the older age groups along with patients in all other groups.

Social Services. Most social services should be available through the general case work staffs of public and voluntary agencies. Only those services which require specialized knowledge and skills in meeting the needs of older people should be selected out in terms of special personnel.

Housing and Living Arrangements. The need and desire of older people for continuation of contact with younger persons points up the undesirability of an older people's community as such.

Education. In order to work effectively and efficiently with the educational needs of older people, this work can be accomplished to a greater degree if it is developed as a part of the offerings in a larger program of general adult education, rather than as a separate part of the basic organization.

A 1957 goal stated by the North Carolina Adult Education Association is pertinent: "To develop an association strong enough to serve the needs of adult education in North Carolina, but one which will coordinate rather than duplicate the activities of the organizations represented by the members."

In most North Carolina libraries, older citizens participate in and contribute to the programs planned for adults in general.

Recreation. In the judgment of North Carolina recreators, the older persons should be a part of the total program.

TRAINING RESOURCES FOR SPECIALIZED SKILLS

The urgent need for more places to which workers can go for training in the various areas of working with older people is specified in almost every Committee Report. Also, the need for more emphasis on the aging segment of the population in general courses is stressed repeatedly. Following is a list of known resources.

Special Courses, Workshops and In-Service Training

Employment. Limited in-service training is available through the Employment Security Commission, but it is inadequate, because of excessive workloads imposed by budgetary limitations.

Health and Medical Care. The School of Public Health, University of North Carolina, offers five continuing courses, each containing eight hours of Geriatrics or Gerontology. Although there is not at present a major in Gerontology, funds have been requested for faculty in Gerontology, which, if granted, will provide for a major in Gerontology for students of health education. The faculty of the School of Public Health also teaches these subjects at the University School of Dentistry and North Carolina College, Durham. Summer sessions at the University of North Carolina have offered a separate course in Geriatrics for the past ten years. The Department of Health Education, School of Public Health, scheduled a Gerontology Seminar for public health personnel June 13-24, 1960.

Medical schools are devoting more attention to the training of medical students, house officers, nurses and nursing home personnel in treating older people.

Following is a summary of Duke University activities in Gerontological training:

Under the aegis of the Center for the Study of Aging, a Health Maintenance Team has been established in the Department of Medicine, in collaboration with the Department of Psychiatry. The project is largely concerned with the way in which a comprehensive team of medical and psychiatric experts, concerned with the care of chronic illness (most of which occurs in aging persons) can be reduplicated both at the level of medical students and at the level of persons training for clinical specialties. The team includes nurses, dieticians, physical and occupational therapists, internists, surgeons, psychiatrists, sociologists and psychologists.

The Center sponsors a program of monthly seminars oriented to people interested in study of aging. Scholars are brought in from over the United States and other countries, representing various aspects of the subject. Numerous research papers on aspects of aging are read at scientific societies during the year; and many community talks are made by various Center personnel.

In the undergraduate department of Physical Education, there is a course entitled "Gereology," which aims to acquaint students with the facts about aging.

The Department of Psychiatry will soon activate a comprehensive post-specialization research training program of two years duration. Inter-departmental cooperation, especially with psychology and sociology, will broaden the experience of the Fellow in Psychiatric Research, who will receive very liberal contact with geriatric research in the mental health field.

In the early planning stages is a training project designed to make use of the interdepartmental research functions of the Center for the Study of Aging in the training of professionals from various disciplines.

Social Services. The School of Social Work, University of North Carolina, gives some attention to special needs of older persons in its regular curriculum. It could be a resource for special courses or workshops—whether its staff were used or qualified persons were brought from elsewhere. The focus of such courses or workshops would be upon personnel who are offering social services to older persons—whether those workers are on staffs of public welfare departments, or in institutions and agencies under voluntary auspices.

The State Board of Public Welfare carries on an active in-service training program both for its own staff and for operators of group care facilities.

Education. The Division of General Extension of the University would also have a contribution to make as it discharges its adult education responsibilities throughout the State.

Recreation. North Carolina is fortunate in having several colleges and universities offering major and minor degrees in recreation, both at the undergraduate and graduate levels. There is training opportunity for both white and Negro students studying to become recreators principally at North Carolina State College, the University of North Carolina and North Carolina College, Durham. The Recruitment and Training Committee, North Carolina Recreation Society, is currently conducting a study to be completed by fall, 1960.

The North Carolina Recreation Commission conducts, sponsors and co-sponsors a wide range of in-service training opportunities throughout North Carolina which are applicable or adaptable to those with direct need and interest to the older person.

Religious Activities. Excellent suggestions and materials for programming and helping older adults are available from the National Council of Churches (specif., "Fulfillment Years in Christian Education") and the individual denominations; however, these are not fully implemented locally. Intensified training for clergymen, both pre-service and in-service, through theological schools, Ministerial Association meetings, seminars, and university extension institutes, is recommended.

Scholarships

It would be highly desirable that funds for scholarships be made available for personnel who are to be trained for services to the aged. Such scholarships could be utilized within the State or for courses and workshops offered elsewhere; for example, the institutes and workshops at the University of Michigan.

Information should be compiled so as to be generally known regarding scholarship funds presently available such as those for medical social work and for hospital recreation.

RECRUITMENT AND FINANCING

There should be an active state-wide recruitment program throughout the state to attract persons to this area of service.

Research. The Committee on Population and Research urges the necessity of supporting disciplinary, multi-disciplinary, and interdisciplinary research, since each type has an important contribution to make; and the need for increased support of evaluation research on existent programs in order to more adequately meet the immediate needs of elderly persons. The indication is that financing for research is primarily on the national level; that the problem is generally that of recruiting interested persons rather than of financing.

Employment. Recruitment would not constitute a major problem if money were available. Only additional funds from Federal, State or local governments could correct the present situation.

Health and Medical Care. "Strengthen the existing programs" is the recommendation of the nursing profession.

Social Services. Recruiting should be directed toward career opportunities in social work, and within this large field, opportunities for working with the aged. Such recruitment should be not only by Departments of Public Welfare, the School of Social Work, and professional groups, but also by other educational institutions, civic and church groups. It would be desirable if funds for active recruiting could be secured from private sources —such as public-spirited citizens, churches, civic clubs. The Committee on Social Services urges recruitment of young persons and educational aid where needed. The shortage of staff with a minimum of training is described as "so critical that special efforts will be required to increase the number trained in social service for the aging."

Participation in career days, dissemination of appropriate leaflets, and use of the film, "Summer of Decision," are current methods. The National Association of Social Workers has an active State recruitment committee.

Recreation. Recruitment and financing is limited. The North Carolina Recreation Commission participates in high school career days, assists local recreators with their participation in career days or Career-O-Ramas (Charlotte and Winston-Salem), and there is a film on recruiting for rec-

reation obtainable through the Film Service, Extension Division, University of North Carolina.

N. C. State College and the University of North Carolina have basic recruitment programs for potential recreation majors.

The North Carolina Recreation Society's Recruitment and Training Committee has prepared appropriate materials.

Recently the local recreators have been helpful in guiding and directing potential recreation majors to the college or university where they can prepare themselves for this work.

EDUCATION OF THE PUBLIC

In the tally of county questionnaires referred to earlier, more than half of the reporting counties indicate that lack of public knowledge and/or understanding of problems involved constitutes the chief reason for the lack of sufficient personnel to serve older people, including the failure of the aged to "speak out" in terms of their needs and desires. Several specifically cite the need for coordinated services and dissemination of information concerning services available.

Coordinated Information Centers

A frequently mentioned suggestion from the other seven Specialized Study Committees is that of information centers to which the aging can go directly to receive information on specific subjects when they need this information. These centers would be organized in such a way that they can refer the older person to the proper agency directly and quickly. Both public and private agencies would improve cooperation in the exchange of information and skills in order to eliminate duplication or overlapping of services for some clients while others are neglected. The concensus is that the use of existing agencies is preferable to the establishment of an entirely new agency.

A start in this direction is the formation in the 100 counties of North Carolina of County Coordinating Committees on Aging.

Employment. Education of the public regarding employment of the older worker can best be performed editorially and by civic clubs, service clubs, and similar organizations. Educational releases should cover at least three major factors.

1. The advantages in employing older workers because of their skills, mature judgment and loyalty.
2. The impending social and economic problem arising from discrimination against older workers—their value as taxpayers rather than aid recipients.
3. The shifting age distribution of the labor market. The educational function can be carried out by the Employment Security Commission only to a limited degree without creating in the minds of employers the idea that the agency specializes in the placement of only the aged, the handicapped, and the unemployed.

The Governor's Coordinating Committee on Aging and the Employment Security Commission have issued a pamphlet entitled "A New Look at the Mature Worker."

Health and Medical Care. Sources of help are known in both the local health and local welfare departments.

A large especially prepared exhibit prepared by the special study group of Geriatrics at Duke is useful for conventions and meetings. Speakers are available from universities and colleges.

Social Services. Publications are distributed through the State Board of Public Welfare as follows: "Public Welfare Services Available to the Aged in North Carolina," and "Facts on Aging in North Carolina." The Governor's Coordinating Committee on Aging has published a pamphlet entitled "Legal Problems Facing the Older Citizen."

Housing and Living Arrangements. The Governor's Coordinating Committee on Aging is planning the publication of a pamphlet concerning comfort and safety factors in private homes where older persons live. Information concerning adaptation, remodeling or new construction of houses for older persons could be listed with the Information Center referred to earlier.

Education. Courses available could be listed with the Information Center. The State Library keeps up to date a bibliography of materials on the aging available through that Library. A further pamphlet dealing with Library Services and the Aging has been published.

Recreation. The North Carolina Recreation Commission and the Recreation Society have publicity committees and special committees on Senior Citizens. The Commisison has several publications on recreation for the aging, and the Recreation Review contains numerous related articles.

THE ROLE OF THE VOLUNTEER

A recurring recommendation from many of the Committees is that older persons themselves can assume the role of volunteers rendering services to other people. It is emphasized that such opportunities serve a double purpose of (1) providing needed services, and (2) offering purposeful activity to the older person himself. An additional fact concerning volunteers of any age, however, is that they can function effectively only as there is staff to train them. An example is in the field of hospital volunteers, who need to be directed by professional staff in order to function as an effective complement to hospital personnel.

Utilizing the large numbers of persons who want to help, especially in health fields, will result in the saving of a substantial amount of tax money.

Among other suggestions are the following: Older persons can serve as instructors in adult education, as recreators, and in community service projects. The resources of the aging group can be used to organize cooperative undertakings which they direct and finance themselves. Volunteers familiar with agencies and sources of help can be extremely helpful in planning for expanded services directed toward referring persons asking for information.

A special section of the Social Services report is directed to the extensive opportunities, as yet little realized, for the effective use of volunteers for a wide variety of services. The same type of emphasis on use of volunteers is found in the report on church activities.

SUMMARY OF INFORMATION AND SUGGESTIONS FROM COUNTY COORDINATING COMMITTEES ON AGING

Questionnaires returned from county coordinating committees on aging reveal that relatively few persons "devote full or part-time to services for the aged." The frequency with which services are mentioned gives some indication of those which are considered most important in meeting the needs of older persons. Those most often named are concerned with financial needs, housing and living arrangements (including placement and care), and medical and nursing services, in the order named. Others mentioned include social services in addition to services involved in meeting financial need and working out housing and living arrangements, counseling, spiritual guidance and recreation.

Agencies listed most frequently as providing services for the aged are the local Departments of Public Welfare and of Public Health. Other agencies, individuals and organizations named (in order of frequency of listing) include the following:

Ministers, churches and church groups
Boarding home personnel
Home and farm agents
Employment Security Commission
Social service agency
Library
Doctors and county medical association
Civic clubs
Hospital auxiliary
City Recreation Department
Schools
Red Cross
County bar association
Vocational rehabilitation office
Housing Authority
State Blind Commission representative

Every reporting county committee feels the need for additional personnel to provide adequate services to its aging population. The following areas in which they are needed are listed in order of frequency reported:

Social case work
Health and medical care
Recreation and social programs
Boarding homes (i.e., domiciliary care)
Homemaker services
Agency coordination

Adult library services
Employment service
Community services
Meals-on-Wheels
Counseling
Religious education programs

Several committees cite their counties' need for large numbers of personnel to fill urgent needs. For example, one county (Halifax) needs 7 additional homes for the aged. Another (Robeson) needs 14 public welfare case work and clerical employees and 12 nurses to add to the 6 that now practice in that county. Two county committees, on the other hand, state that "one full-time worker (with the aged) would meet the need." And a Gates County minister cites the trend toward a special worker for old people, especially in larger churches or in groups of churches.

In several counties, homemakers were listed as a major personnel need. Another specified Wheel Services (Meal and Housekeeping) as a major need.

Stated in various ways, reasons given for the lack of sufficient personnel to serve older people are summarized in the following tabulation:

Reasons cited in ⅓ to ½ of the county reports:

Financial lack
Lack of public knowledge, interpretation, including failure of the aged to "speak out"

Other reasons cited:

Lack of trained personnel available
Lack of coordination among agencies
No time to train volunteers
"Sparsely settled population" and distance to needed institutions and agencies
Lack of facilities
Lack of employment opportunities for persons over 65
Inability to locate resident physicians

North Carolina's
Report Of Recommendations
for State Consideration and for
The 1961 White House Conference On Aging

Coordinated by

NORTH CAROLINA GOVERNOR'S COORDINATING COMMITTEE
ON AGING

September, 1960

NORTH CAROLINA'S
REPORT OF RECOMMENDATIONS
for State Consideration and for
THE 1961 WHITE HOUSE CONFERENCE ON AGING

Introductory Statement

The following recommendations are based upon the study and work of professional and lay people in North Carolina who have been actively concerned for the welfare of this State's aging population throughout the past full decade. Prior to the establishment in 1956 of the present North Carolina Governor's Coordinating Committee on Aging, North Carolina held one of the first statewide conferences on aging in the nation, in June, 1951. The findings and recommendations from this Conference and its continuing committee have provided a basis for the more recent studies and activities in preparation for the 1960 North Carolina Governor's Conference on Aging and for the 1961 White House Conference on Aging.

Factual reports and tentative recommendations were formulated by eight Statewide Specialized Study Committees sponsored by the Governor's Coordinating Committee during the winter and spring of 1959-1960, and composed of approximately two hundred members having special knowledge in the subject-matter areas relating to the aging. These two hundred members came from every section of the State and represented a wide variety of lay and professional interests. The papers and recommendations developed by these Study Committees were the basis for discussion at the North Carolina Governor's Conference on Aging, July 27-29, 1960, during eight corresponding Workshop sections, chaired (with a few exceptions) by the Study Committee chairmen. Pre-registrants for each Workshop received the background paper for that section in advance of the Conference, thus having opportunity to acquaint themselves with the factual material in preparation for discussion of recommendations at the Conference.

Supplementary material for the eight subject-matter areas was secured through questionnaires and other reports completed by County Coordinating Committees on Aging in North Carolina's one hundred counties. These local committees, varying considerably in degree of activity, were organized in some counties as early as March, 1958, with organization continuing through activation of the one hundredth committee in April, 1960. As of June 30, 1960, 70 counties had also participated in county-wide Workshops (individually or jointly) or were planning such meetings concentrating on needs, services, and potentials of older people.

Many members of County Coordinating Committees were among the more than 600 persons attending the State Conference and injected valuable additional information and suggestions into the discussions.

Recommendations in all the subject-matter areas were reported out of the eight concurrent Conference Workshop sections by their chairmen during the Concluding Session of the Conference, Friday, July 29, 1960.

Since the White House Conference on Aging is organized into twenty subject-matter sections rather than eight, North Carolina's recommendations have been edited and reorganized into the same number of categories for use in those twenty discussion sections January 9-12, 1961. In those instances where references were made by one North Carolina Conference workgroup to the subject-matter being considered by another, related or overlapping recommendations have been re-worded to coordinate information and suggestions from the several sources.

Recommendations which pertain to more than one subject-matter section are repeated in the appropriate sections.

These recommendations were approved by the Governor's Coordinating Committee on Aging, September 12, 1960.

Explanation of Starred Recommendations

Recommendations which propose specific action within North Carolina only, and which were considered to have no significance for consideration at the national Conference, were not forwarded to Washington in North Carolina's official Report of Recommendations to the 1961 White House Conference on Aging. These recommendations appear in the following pages preceded by an asterisk to denote that in whole or in part they relate directly to North Carolina needs and programs and hence were not included in the Report to Washington.

Minor changes in wording were also made in several recommendations which referred specifically to North Carolina but were thought to be applicable to other states as well.

Group I. Section 1. Population Trends and Social and Economic Implications

1. That the primary responsibility for meeting needs of the older person rests on the individual himself; and that it is upon his or his family's inability to meet those needs that the responsibility becomes that of the various agencies and organizations, governmental and voluntary, providing services to the aging. Emphasis is placed upon the obligation of children of older persons to care for their aging parents to the extent possible.
2. That religious groups, in order to facilitate more successful family life and responsible community relationships, emphasize and re-emphasize the reciprocal moral emotional and physical responsibilities of the aging and their children.
3. That in programs dealing with the aging the resources of the aging group itself be used to organize cooperative undertakings which they direct and finance themselves.
4. That a wide range of community services be developed by the appropriate existing agencies, such as Department of Public Welfare, Health Department, Community Council, etc., to facilitate maintenance of the older person's independence in his own home as long as possible.
5. That comprehensive surveys concerning the living arrangements of older citizens be conducted throughout the various States.
6. That within the majority of agencies (public and voluntary) providing services to the aging these services should continue to be a part of the overall program of services, rather than that specialized personnel for work with aging as a separate segment of the population be employed.
7. That no specialized home care programs for the aged alone be developed, but that older persons be included as part of the overall home care program.
8. That since there is less need than originally thought for specialized trained personnel to work with the aged, some additional training on the part of all personnel in professional groups, agencies and organizations should be sought. This could go a long way in solving most of the personnel problems with programs related to the aged. Specifically, the need is for more trained people—not more specialists in each field.

Group I. Section 2. Income Maintenance

Although it is agreed that adequate income is basic to the health and well-being of older persons, it is difficult to define income adequacy. For the purposes of these recommendations, it is defined as income sufficient to provide adequate food, clothing, shelter; to provide minimum medical care; and to meet essential household expenses. It should also permit participation in family and community life.

1. That every effort be made to keep Congress continuously aware of the need to adjust OASDI benefits as cost of living rises. *The initiative for this action should come from a permanent North Carolina organization.
2. That, in order to assist those older people in need who for various reasons cannot qualify for public assistance, the Federal Government be urged to participate in a general assistance program.
3. That, in order to provide adequate grants and services to recipients of old age assistance, aid to the permanently and totally disabled, and aid to the blind, there be:
   a. Adequate funds to meet need in full in all States as determined by a realistic budget.
   b. Adequate appropriations for medical care of assistance recipients.
   c. Adequate appropriations for public welfare administration.
   d. Elimination of residence requirements for assistance purposes.
4. That a uniform plan for furnishing medication to indigents at reduced costs be developed which will utilize the traditional facilities now available for distribution of drugs.
5. That people should be educated to purchase group health protection before 65 and to continue coverage after leaving the group or upon retirement.
6. That employers should be encouraged to keep retired persons under group health protection, and that "Senior Certificate" coverage to older people on an individual underwriting basis should be promoted.
7. That basic insurance coverage should be extended to include outpatient services, nursing services, convalescent care, corrective and supportive devices, more days for the complicated case and psychiatric care, and drugs.
8. That changes should be sought in health insurance policies to provide more liberal coverage of laboratory and x-ray procedures on an outpatient basis under direction of a physician as a means of minimizing hospitalization for diagnostic purposes.
9. That broader insurance coverage for medical services for older people in doctors' offices should be developed.
10. That prepayment plans for home care be studied to determine how those now in the plan can be provided home care, and the extensions needed to present plans.
11. That home care programs provide services both for those who can as well as for those who cannot pay for the services themselves.

12. That as soon as practical the dental insurance program should be revised to include more of the dental problems that would relate to the age group 65 and over.

13. That there be exploration of a plan whereby those who are not now eligible for certification as public assistance recipients or medically indigent but who may be considered in a low income group, who are able to pay for low cost voluntary prepayment insurance, would be encouraged to purchase such insurance to cover as much of their hospital and medical costs as their income will allow, provided they are insurable. Public funds should be used to pay the difference between the amount covered by insurance and the cost of hospitalization, as described above for the medically indigent. For those who are able to purchase such coverage, and are insurable, but who fail to secure it, public funds should be used to cover only that part of hospitalization costs which would be paid if they did have hospitalization insurance.

14. That serious consideration be given to changing State income tax regulations to provide an age exemption (similar to the Federal exemption).

15. That research and analysis be undertaken to determine what an adequate income for aged people is—that is, an income sufficient to provide adequate food, clothing, shelter, household operations and medical care, and to permit participation in family and community life. *A North Carolina institution or agency should make the survey.

*16. That more adequate funds be made available to the Department of Public Welfare to (1) increase the old age assistance payments, and (2) provide general assistance funds to provide financial support for the medically indigent not eligible for the pooled fund.

*17. That problems of financing hospital payments be met in the following ways:

a. For the indigent and medically indigent:

That the appropriation from the State of North Carolina be increased to provide its share of the actual cost of hospitalization. This would require a per diem payment of $3.50 from the State in lieu of the present $1.75 per day for public assistance recipients. With matching county and Federal funds, this would permit an average payment of $20.00 per day for hospitalization and could be geared to variations among hospitals in actual per diem cost.

The $1.50 per day from the Medical Care Commission for the medically indigent should be increased to $10.00.

It is estimated that the county payment approximates $10.00 per day on the average, so many of the counties are already contributing virtually their pro rata share.

*18. It is recommended that the Medical Care Commission, the State Department of Public Welfare and the Blue Cross, Blue Shield and other insurance carriers explore the plan outlined in Recommendation #13 above.

Group I. Section 3. Impact of Inflation on Retired Persons

1. That every effort be made to keep Congress continuously aware of the need to adjust OASDI benefits as cost of living rises.
2. That public assistance standards be geared realistically to the cost of living and adjusted upward as cost of living rises.

Group I. Section 4. Employment Security and Retirement

1. That all agencies concerned with employment of workers continue all present data compilations and expand, whenever practical, the volume of data on employment of workers, particularly those in the 45 years and older group.
2. That the President be authorized to appoint a Committee on the Employment of Older Workers with sufficient funds appropriated for its operation.
3. That increased attention be given to the utilization of the experience, ability and maturity of the older worker in continued service after age 65, through part-time jobs or possibly by using executives and managers in teaching and consultant capacities.
4. That increased attention be given to the definite need for re-training older workers in skills that will enable them to hold or maintain employment.
5. That age should not be the single factor in failure of "on the job" promotion, but other criteria might be judgment and comprehension, adaptability, experience, productivity and leadership ability.
6. That the system of compulsory retirement be reviewed and alternative methods involving a gradual reduction in work load and/or responsibility of older people be explored.
7. That employers should consider age as only *one* of the factors for employment or for necessitating retirement; and that the mandatory retirement age be considered in the light of more recent research findings on aging.
8. That employers provide professional retirement counseling service for all workers to educate them for successful retirement, with special counseling service for the older worker. This professional counseling program should be carried on prior to retirement age and should begin in the early middle years. One of its purposes would be to prevent *retirement on the job.*
9. That all relevant professional personnel and all employers of labor be encouraged to develop pre-retirement counseling programs, to educate workers for successful retirement.

*10. That the following suggestions be studied with regard to implementing earlier efforts by all cooperating State and local agencies and increasing emphasis within the State and local organizational framework now existing:

   a. In order to aid those experiencing job problems, all cooperating State and local agencies should urge workers who are experiencing difficulty in finding jobs because of their age to register with their local Employment Security Office.
   b. While the placement of older workers is an integral function of the Employment Security Commission, assistance from other groups is needed in the program of encouraging those employers

who have observed strict age restriction in their staffing, to give the policy of hiring on the basis of qualifications a trial. This responsibility must rest with all State and local groups concerned with employment of the aging.

c. All State groups concerned with the problems of the aging should promote the formation of local or county coordinating committees on aging; and, likewise, those committees now organized should be strengthened. Individuals meeting with local groups, such as county coordinating groups, should include in these orientation meetings some discussion of the employment problems of older workers along with other problems of older workers.

d. All State and local groups should foster a coordinated approach with the participation of all appropriate agencies for the development of a body of information and for promoting employer interest in such subjects as the following:

   i. industrial retirement programs
   ii. pre-retirement counseling
   iii. other employment-related subjects

e. The study of aging workers' employment problems should be continued, with representation from the appropriate State and local groups, particularly for the purpose of effecting the distribution to all participating groups of the 1960 Census data giving more up-to-date information relative to the aging population.

*11. That more money be provided through the Federal budget for specialized workers in employment services for locations in which adequate workloads exist (see Chap. II) and that Federal funds be supplemented by appropriations from State or local governmental units to provide such personnel.

*12. That special counseling services for the older worker be developed by the Employment Security Commission.

Group I. Section 5. Health and Medical Care

1. That attention be focused on reducing length of hospital stay and the need for in-patient care generally by:
   a. Careful review and evaluation of admission and discharge procedures.
   b. Transfer within the hospital through the development of progressive care units.
   c. Increased development and utilization of more appropriate facilities, such as nursing homes, convalescent-rehabilitation centers, organized home care programs, and outpatient facilities.

   *These recommendations can probably be best implemented on the local level through the establishment of local committees to evaluate needed care and treatment of patients, to study and recommend admission and discharge procedures of the hospital, and to study and evaluate "progressive care" programs being established in local hospitals. To improve the services offered in many hospitals there is an urgent need for the training of more personnel for patient care. In general, greater efforts should be made to extend outpatient services and facilities and other services outside hospitals rather than continue to emphasize the construction of additional acute general hospital beds.
2. That more hospitals consider the installation of dental equipment and the organization of a dental staff to make it possible that dental health, in relationship to general health, may receive its proper consideration.
3. That outpatient facilities and services, provided on a schedule and at a cost scaled to ability to pay, need to be developed in an increasing number of community hospitals.
4. That changes should be sought in health insurance policies to provide more liberal coverage of laboratory and x-ray procedures on an outpatient basis under direction of a physician as a means of minimizing hospitalization for diagnostic purposes.

   *Efforts should be made to locate and study a community which has developed a program of hospital outpatient services, supplementing private physicians' care, and made available as a part of a cooperative community effort to meet the needs of older people in a more adequate fashion.
5. That steps be taken to establish two complete and separate levels of care with minimum standards for facilities and services for:
   a. Nursing and convalescent homes for patients requiring skilled nursing care under medical supervision.
   b. Boarding homes, rest homes and homes for the aged for persons not requiring skilled nursing care under continuing medical supervision.
   c. Large homes whose primary purpose is to provide domiciliary care could have one section or one building meeting all standards for providing skilled nursing care.

6. That patients requiring skilled nursing care under direct medical supervision should not be kept in facilities other than those capable of providing such nursing care.
7. That the development of more nursing homes providing skilled nursing care under direct medical supervision should be encouraged.
*That nursing homes should be licensed by only one agency (State Board of Health recommended), which has standards sufficiently high to insure an excellent quality of skilled nursing care.
8. That the care of the aged patient be emphasized in the schools of nursing, both professional and practical, and experience given when possible.
9. That nursing homes establish a close working relationship with hospital and other health agencies.
10. That local public health departments be encouraged to provide home nursing services.
11. That since home care programs seem best suited to the rehabilitation needs of the majority of elderly and chronically ill persons, home care rehabilitative services be developed and that such programs be coordinated State-wide.
12. That prepayment plans for home care be studied to determine how those now in the plan can be provided home care, and the extensions needed to present plans.
13. That every effort should be made to recruit and educate more physicians, and particularly to attract them to those areas where coverage is most inadequate.
14. That broader insurance coverage for medical services for older people in doctors' offices should be developed.
15. That as soon as practical the dental insurance program should be revised to include more of the dental problems that would relate to the age group 65 and over.
16. That programs directly related to the training of the dental student and dental auxiliary personnel be given high priority.
17. That a uniform plan for furnishing medication to indigents at reduced costs be developed which will utilize the traditional facilities now available for distribution of drugs.
18. That a program of health education be directed especially towards the older age group and the chronically ill, including specific advice regarding unnecessary and wasteful drug consumption.
19. That present agencies and organizations give greater emphasis to reaching the older age group with approved nutrition information for good health by use of individual contacts, group meetings, libraries and other mass media.
20. That available trained hospital personnel be used to teach the patient and his family proper food selection and food habits and that

hospitals refer patients returning to the community to appropriate agencies for continued nutrition services.

21. That the urgency for more professional trained dietitians and nutritionists be recognized and that increased attention be given to the training of non-professional food service personnel.
22. That the nutritional needs of persons in nursing homes and homes for the aged be met in accordance with recommended dietary allowances adjusted for the population concerned and taking into account variations in costs and cultural demands.
23. That all disciplines giving care to the aged patient recognize that nutrition is an important part of treatment and rehabilitation.
24. That the feasibility of developing local or regional home care programs in the health field and the coordination of such programs with existing services and facilities, including hospital services, be studied.
25. That no specialized home care programs for the aged alone be developed, but that older persons be included as part of the over-all home care program in the field of health.
26. That home care programs provide services both for those who can as well as for those who cannot pay for the needed health services themselves.
27. That within the majority of agenices (public and voluntary) providing health services to the aging these services should continue to be a part of the overall program of health services, rather than that specialized personnel for work with aging as a separate segment of the population be employed.
28. That each State mental hospital be provided with a separate active screening and treatment unit for the aged, providing for specialized and extensive geriatric medical care as well as for the special psychiatric problems of this group. *As an alternative, one central reception center for the aged mentally ill could be developed at one institution. Such a unit could then provide the special programs necessary for the aged patient.
29. That the development at local levels of programs designed to provide opportunities for active participation of the older age group in meaningful activities be encouraged.
30. That the relationships between State mental hospitals and community facilities be strengthened.
31. That the number and quality of community facilities where patients could be placed following discharge from a mental hospital be increased.

*32. That an Institute of Medical Services with functions in the health and particularly the home care field analagous to those of the Institute of Government in the governmental field be created. Such an institute would be charged with the responsibility of training the various professional groups for their role in home care programs.

*33. That the North Carolina Dental Society, the University of North Carolina, and the Dental School Faculty continue in their efforts to obtain additional appropriations from the North Carolina Legislature. Such appropriations would enlarge the number of dental graduates and auxiliary personnel.

*34. The state-wide survey proposed by the School of Public Health, assisted by the Division of Oral Hygiene of the State Board of Health, should be activated as soon as possible. Only through such a survey can data be obtained upon which to base recommendations for effective dental care for the aged.

*35. That consideration be given the employment of dentists especially trained in geriatric dentistry under the Division of Oral Hygiene, State Board of Health.

Group II. Section 6. Rehabilitation

1. That public health officers be trained in organizing programs for the chronically ill and for rehabilitation at the community level.
2. That all disciplines giving care to the aged patient recognize that nutrition is an important part of treatment and rehabilitation.
3. That additional rehabilitation centers be developed, and that centers for patients with complex disabilities be located adjacent to general hospitals with specialized medical services.
4. That the supply of trained personnel for rehabilitation services be increased and additional training provided for existing personnel.
5. That since home care programs seem best suited to the rehabilitation needs of the majority of elderly and chronically ill persons, home care rehabilitative services be developed, and that such programs be coordinated State-wide.

*6. That exploration and study be initiated with N. C. Medical Care Commission, N. C. Medical Society, various companies providing health insurance and other interested organizations to determine the extent of the need for convalescent facilities with rehabilitative services and if needed, to develop standards, criteria and methods of recognition for this specific type of facility.

*7. That at the State level an organization be set up to coordinate, promote and implement activities related to care of chronically ill and disabled persons. This might center in a division under the State Board of Health. This organization could serve as a coordinating agency for the State, provide consultation services and insure maximal availability of services within minimal duplication.

*8. That the public be educated to rehabilitation problems, to enlist general support, and that additional training in rehabilitation methods be offered physicians and public health nurses.

Group III. Section 7. Family Life

In order for programs suggested by these and other recommendations to be carried out, wholesome and constructive attitudes about aging and the aged need to be widely held. The development of good attitudes is a challenge to the family, religious institutions and other organized groups and the community as a whole.

1. That in planning for living arrangements for the elderly, first consideration be given to their remaining in their own homes or with relatives, and that if institutional group care becomes necessary it be provided in their own communities when possible.
2. That State and local groups promulgate information on problems of aging, including emphasis in the public schools to teach youth an understanding of the problem so that youth might better understand their aging associates and better prepare themselves for their own aging years.
3. That religious groups, in order to facilitate more successful family life and responsible community relationships, emphasize the reciprocal moral, emotional, and physical responsibilities of the aging and their children.
4. That communities recognize their responsibilities for providing a variety of services to the aged and their families for preserving and strengthening family life, under both public and voluntary auspices.
5. That family life education through schools and organized groups be emphasized and expanded to include adequate opportunities for people of all ages to improve their ideas and attitudes and develop skills in living successfully.
6. That state officers of clubs and other organizations encourage their local affiliates to make definite efforts to keep their aging members active in their groups and remind them periodically of the needs of the aging.
7. That civic clubs and organizations be encouraged to adopt programs and activities for the aging as one of their continuing projects.
8. That local information be gathered with regard to community resources available to meet the cultural, economic, physical, social, educational and vocational needs of the aging, and that this be made widely available to the aging by appropriate organizations and agencies including civic clubs, libraries, and other suitable agencies.
9. That communities provide increased and more imaginative opportunities for older people to gain information and to learn and improve skills and interests.
10. That in programs with the aging the resources of the aging group itself be used to organize cooperative undertakings which they direct and finance themselves.

*11. That the following "Bill of Rights for North Carolina's Senior Citizens," adopted by the North Carolina Conference for Social Service in 1957, be distributed and implemented in all possible ways by the North Carolina Governor's Coordinating Committee on Aging and by local coordinating committees:

The North Carolina Conference for Social Service affirms its belief that every older person of our State should be regarded as an independent person, unregimented by any conception of his proper role in the common social life. With this belief in mind, the Conference urges that every individual and every community strive to achieve this broad objective by encouragement, education, and other constructive measures, thus assuring to each of North Carolina's Senior Citizens the following rights and opportunities:

Article 1. Sufficient steady income to maintain a level of living consistent with decency and health and to enable participation in community life as a self-respecting, independent person.

Article 2. Living arrangements that are both satisfying and adapted to his capacities.

Article 3. A fair share of the recreational, educational, medical, social, religious, and other resources and services of the community.

Article 4. The opportunity for continued development of the interests and skills which he possesses.

Article 5. Access to learning, training, and skills for new occupations or new fields of activity in keeping with his capacities.

Article 6. Purposeful activity that is satisfying to himself and to the community and that is commensurate with his capabilities.

Article 7. Continuance of former contacts with work associates and in the community, insofar as he may wish.

Article 8. Ways to make available to others and to the community his store of experience and wisdom.

Article 9. The respect of his community as a mature adult, and opportunity and obligation to achieve this respect through service in keeping with his interest and capabilities.

Article 10. Access to information, resources and help in preparing and adjusting himself for old age, and recognition of his duty to make such preparation and adjustment.

*12. That source materials on aging and family life for use in school, home, and adult education groups be developed by the Woman's College Institute for Child and Family Development and other appropriate agencies, and that such material be adapted for the use of communications media.

Group IV. Section 8. Housing

The close relationship of the emotional and physical well being of older people to their housing and living arrangements is cause for increasing attention to this basic need. As the number of older people continues to rise, social, economic, and cultural changes tend to make satisfactory housing more and more difficult to secure. It is recognized that the majority of older people continue to live in their own homes or with relatives. A small percentage of the total aged population must find care in substitute homes and some even in institutions. In either case their living arrangements should be safe, promote congenial association, and in general keep the older person insofar as possible in the main stream of community living. With these facts as a basis, it is recognized that it is important for older people to continue living in their own homes as long as possible and that when group care is necessary the aged persons have a choice regarding their future homes.

1. That comprehensive surveys concerning the living arrangements of older citizens be conducted through North Carolina, *to determine the following:
   a. Location—where older people live, counties with special concentration, with families or alone
   b. Income
   c. Ownership or rental
   d. Condition of residence
      i. Safety and comfort factors such as size and floor plan, number sleeping on second floor, electricity, hot and cold running water, type of heat, floor composition, bathroom and kitchen design
      ii. Accessibility to public transportation, shopping facilities, churches, medical and community services
   e. Availability of single dwellings and apartments
   f. Individual housing requirements and needed services and local availability
   g. The survey be evaluated by experts in their respective fields
2. That in planning for living arrangements for the elderly, first consideration be given to their remaining in their own homes or with relatives, and that if group care becomes necessary it be provided in their own communities when possible.
3. That a wide range of community services be developed by the appropriate existing agencies, such as the Department of Public Welfare, Health Department, Community Council, etc., to facilitate maintenance of the older person's independence in his own home as long as possible.
4. That continued emphasis be placed on the development of more specialized facilities to meet the needs of older persons no longer able to maintain their homes or being discharged from mental or other institutions.

5. That steps should be taken to establish two complete and separate levels of care with minimum standards for facilities and services for:
   a. Nursing and convalescent homes for patients requiring skilled nursing care under medical supervision.
   b. Boarding homes, rest homes and homes for the aged for persons not requiring skilled nursing care under continuing medical supervision.
   c. Large homes whose primary purpose is to provide domiciliary care could have one section or one building meeting all standards for providing skilled nursing care.
6. That more facilities, such as boarding or rest homes and family care homes, be provided for elderly people who are no longer able to live in their own homes.
7. That such facilities be required to meet licensing standards developed by the State Department of Public Welfare.
8. That recognition be given to the need for a wide range of homes so that persons can find the care they need in their own communities and in homes where the accommodations are in keeping with their accustomed patterns of living.
9. That the publication of a comprehensive nation-wide "Guide to Building" (for homes suitable for older persons) be prepared, including information on design considerations, building standards, and renovation of existing homes.
10. That if there are sufficient numbers of aged without adequate income for acceptable private housing in a community, local governing bodies be encouraged to provide public housing facilities.
11. That each county or community be encouraged to provide an information center for referring persons to sources for counseling and other services related to housing, with such a center or service located preferably within an existing agency rather than requiring the establishment of a new agency.

*12. That, in providing separate levels of service, homes should keep adequate records to determine costs of operation at each level. This would enable agencies of government and insurance companies to provide adequate payments for service rendered for domiciliary care and for nursing care.

*13. That bona fide nursing homes should provide a service sufficient to relieve overcrowded conditions in hospitals and justify the issuance of insurance programs to help patients with some of the expenses.

*14. That the Governor's Coordinating Committee on Aging publish a pamphlet incorporating comfort and safety suggestions outlined in connection with Recommendation Number 9, for use by older persons building or remodeling.

*15. That a design competition be established in North Carolina as follows:

a. Design problem for construction of a low-cost dwelling house suitable for older people, prepared for submission to the North Carolina State College School of Design.
b. Competition prize secured to stimulate competition.
c. Award-winning design submitted, if possible, as part of report to White House Conference on Aging.

Group V. Section 9. Education

It is felt that effective and efficient work with the educational needs of older people can best be accomplished if developed as a part of the offerings in a general program of adult education.

1. That studies be initiated to determine effective methods of *motivation* of adults to the end that adults will take advantage of adult education opportunities.
2. That librarians work with citizen groups and with agencies concerned with the aging in making systematic studies of the needs and interests of the aging in their communities.
3. That State and local groups promulgate information on problems of aging, including emphasis in the public schools to teach youth an understanding of the problem so that youth might better understand their aging associates, and better prepare themselves for their own aging years.
4. That family life education through schools and organized groups be emphasized and expanded to include adequate opportunities for people of all ages to improve their ideas and attitudes and develop skills in living successfully.
5. That local committees on aging be continued and, with other social agencies, assume responsibilities for the education of the general public on the problems of aging and establish centers of information to make the results of studies and resources for aging known to all interested persons.
6. That civic clubs and organizations be encouraged to adopt programs and activities for the aging as one of their continuing projects.
7. That institutions of higher learning include courses on adult education in their teacher training curricula, and that both credit and noncredit programs and workshops be developed by institutions of higher learning for the preparation of the needed leadership in the field of adult education.
8. That personnel who need and desire in-service training make those needs and desires known to institutions of higher learning, which might consider establishment of courses for training workers with older people.
9. That communities provide increased and more imaginative opportunities for older people to gain information and to learn and improve skills and interests.
10. That the books, pamphlets, films, magazines, reading rooms, meeting rooms, and services for blind and handicapped, together with the inherent opportunities of such public library services for educational, recreational, vocational and volunteer development of aging citizens be forcefully and repeatedly called to the attention of aging citizens, and that where public library services are inadequate such

services be improved to meet the present and future need of all citizens.

11. That library buildings be planned to accommodate comfortably the expanding services and activities of the libraries for all citizens.
12. That full use be made of audio-visual aids in providing programs and services for older age groups.
*13. That North Carolina expand the educational television facilities of the University of North Carolina to provide a State-wide network of educational television to reach all the citizens of North Carolina, and that this network be used for primary, secondary, and college instruction purposes in addition to program services to be specifically provided for the interests of aging citizens.
*14. That adult education generally be emphasized in North Carolina, and that adult education be specifically organized by:
    a. The provision of trained personnel in the State Department of Public Instruction to give leadership in adult education through the public schools of North Carolina, and
    b. Provision of State funds to assist the public schools in the establishment of adult education programs, and
    c. Employment by each county school system of a Coordinator of adult education to coordinate the adult education activities of public, private and volunteer groups, and to publish a schedule-catalog of the county's adult education activities and resources.
*15. That North Carolina's statewide recruitment program for librarians receive the support of all citizens concerned with the welfare of the aging to the end that libraries will be able to engage competent, trained personnel to provide needed services.
*16. That librarians, public library trustees, school boards, and school, college and university officials and trustees make library services, their potentials and needs known to governing bodies on the local, State and national level, and that these needs be included in service programs and in budget requests for the expansion and improvement of library service to the aging.

Group VI. Section 10. Role and Training of Professional Personnel

Realizing that adequate services to older persons are directly dependent upon adequate numbers and personnel, the Committee on Personnel Needs is reemphasizing recommendations of other Specialized Study Committees concerning personnel in their varying fields, and including recommendations and observations not otherwise covered.

Specifically, the need is for more trained people—not more specialists in each field. Meeting this need would go a long way toward solving most of the personnel problems with programs related to the aged.

1. That employers provide professional retirement counseling service for *all* workers to educate them for successful retirement, with special counseling service for the older worker, and that this professional counseling program should be carried on prior to retirement age.
2. That all relevant professional personnel and all employers of labor should be encouraged to develop pre-retirement counseling programs.
3. That since there is less need than originally thought for specialized trained personnel to work with the aged, some additional training on the part of all personnel in the professional groups, agencies and organizations should be sought.
4. That personnel who need and desire in-service training make those needs and desires known to institutions of higher learning, who might consider establishment of courses for training workers with older people.
5. That every effort should be made to recruit and educate more physicians, and particularly to attract them to those areas where coverage is most inadequate.
6. That programs directly related to the training of the dental student and dental auxiliary personnel be given high priority.
7. That the care of the aged patient be emphasized in the schools of nursing, both professional and practical, and experience given when possible.
8. That public funds be appropriated for nursing education, both basic and graduate programs, and that operators and other nursing home personnel be encouraged to take additional courses in geriatric nursing.
9. That public health officers be trained in organizing programs for the chronically ill and for rehabilitation at the community level.
10. That the supply of trained personnel for rehabilitation services be increased and additional training provided for existing personnel.
11. That the urgency for more professional trained dietitians and nutritionists be recognized and that increased attention be given to the training of nonprofessional food service personnel.

12. That because of the critical shortage of professional social work personnel, there be established a program of financial aid to encourage individuals to obtain master of social work degrees in order to prepare themselves for more effective work with the aging population.
13. That a regularly scheduled program of inservice training of all employed social workers serving the aged be developed.
14. That adequate financial remuneration be provided for social workers in order to retain skilled, professional personnel directly serving the aged.
15. That a more effective recruitment program for social workers dealing with the aged be initiated.
16. That institutions of higher learning include courses on adult education in their teacher training curriculum, and that both credit and non-credit programs and workshops be developed by institutions of higher learning for the preparation of the needed leadership in the field of adult education.
17. That studies be initiated to determine effective methods of *motivation* of adults to the end that adults will take advantage of the adult education opportunities.
18. That intensified training for clergymen be provided, both pre-service and in-service, and that the need for greater emphasis on the ministry to older adults be brought to the attention of theological schools.

*19. That administrators and nursing home supervisors be encouraged to take advantage of the existing educational programs and assist in developing other needed programs in this field.

Group III.[1] Section 11. Social Services

Recommendations relative to social services for the aging are based on an initial premise that "social services are a flexible organized system of activities and institutions to help individuals attain satisfying standards of life and health, while at the same time helping them develop their full capacities in personal and social relationships." Also, that older persons have the same basic needs as other age groups, but that they face particular problems as a result of the aging process and that the problems most frequently encountered by older persons are:

Reduced income
Physical and mental handicaps
Loss of friends and family
Difficulty in maintaining suitable living arrangements
Loneliness and isolation from community affairs.

Social service responsibilities include the following:

To help older citizens continue to live out a normal way of life in their own homes
To help families make workable plans which satisfy needs of both family and aged relatives
To provide care and protection away from home for the older person when necessary
To contribute professional services and skills to the older person to meet his particular needs
To provide opportunities for older people to use their experience and skills in useful activities
To help adults prepare wisely for their later years

It is felt that the basic approach should be that social services are needed by our entire population and especially by our aging. It is the duty and responsibility of the people of this nation through senior citizens themselves, and through public and voluntary efforts to see that these services are available.

1. That a wide range of community services be developed by the appropriate existing agencies, such as the Department of Public Welfare, Health Department, Community Council, etc., to facilitate maintenance of the older person's independence in his own home as long as possible; and that communities recognize their responsibilities for providing a variety of services to the aged and their families, for preserving and strengthening family life, under both public and voluntary auspices.
2. That each county or community be encouraged to provide an information center for referring persons to sources for counseling and other services related to housing, with such a center or service located preferably within an *existing agency* rather than requiring the establishment of a new agency.

[1] Note: This Section is being considered with Section 7, at the White House Conference on Aging, as a part of Group III.

3. That the current county committees on aging be continued and that there be established within each community a continuing program with responsibility for (1) promoting the coordination of services of all agencies (both public and voluntary) serving the aging; (2) obtaining and maintaining data on needed services and resources; and (3) serving as an information and referral center as to sources for help. It is recommended that no new agency be created, but that these duties be an expansion of the functions of existing agencies or organizations, and that coordination be achieved through some group (such as the present County Coordinating Committee on Aging, the Community Council, the Department of Public Welfare) deemed most logical to perform this function. It would be understood that location and responsibility might be shifted from time to time as necessary or feasible. It is further suggested that older persons themselves form a valuable resource for planning and implementing such information and referral services.

   It is suggested that a basic resource list be prepared, including persons and agencies in each community actually providing direct services to the aging. It is further suggested that this list be placed in the hands of ministers, social workers, doctors, and others to provide immediate referral outlets.

   An additional service would be that of consultation services by specialists with personnel working directly with the aging; for example, social workers, medical specialists, nutritionists, recreation personnel, etc.

   One imperative need is for cooperation of many agencies and organizations within the community to aid in the transition of former mental patients back into the community. A further area for coordination is that of preventive social services; i.e., prevention of the necessity for moving older persons from their home environments to institutional settings for mental, physical, psychological, etc., reasons.

4. That, in order to provide adequate grants and services to recipients of old age assistance, aid to the permanently and totally disabled, and aid to the blind, that there be:
   a. Adequate funds to meet need in full in all States as determined by a realistic budget.
   b. Adequate appropriations for medical care of assistance recipients.
   c. Adequate appropriations for public welfare administration.
   d. Elimination of residence requirements for assistance purposes.
5. That a comprehensive program of social services for the aged, financial and non-financial, be developed within the department of public welfare with emphasis upon needed protective, preventive, and rehabilitative services.
6. That residence requirements be abolished for rendering social services to older persons.

7. That in order to assist those older people in need who for various reasons cannot qualify for public assistance, the Federal Government be urged to participate in a general assistance program.
8. That since planned preparation for retirement is a necessity of modern society, every community should plan a coordinated program toward this end which would include resources offered by churches, industry and labor, private clubs, public and voluntary social agencies, civic and social clubs, recreation organizations, etc.
9. That in planning for living arrangements for the elderly, first consideration be given to their remaining in their own homes or with relatives, and that if institutional group care becomes necessary it be provided in their own communities when possible.
10. That steps should be taken to establish two complete and separate levels of care with minimum standards for facilities and services for:
    a. Nursing and convalescent homes for patients requiring skilled nursing care under medical supervision.
    b. Boarding homes, rest homes and homes for the aged for persons not requiring skilled nursing care under continuing medical supervision.
    c. Large homes whose primary purpose is to provide domiciliary care could have one section or one building meeting all standards for providing skilled nursing care.
11. That more facilities such as boarding or rest homes and family care homes be provided for elderly people who are no longer able to live in their own homes.
12. That continued emphasis be placed on the development of more specialized facilities to meet the needs of older persons no longer able to maintain their homes or being discharged from mental or other institutions.
13. That such services as homemaker service, day care, and skilled case work be developed to make it possible for more aged citizens to continue to live in their own homes.
14. That the relationships between State mental hospitals and community facilities be strengthened.
15. That since home care programs seem best suited to the rehabilitation needs of the majority of elderly and chronically ill persons, home care rehabilitative services be developed, and that such programs be coordinated State-wide.
16. That within the majority of agencies (public and voluntary) providing services to the aging these services should continue to be a part of the overall program of services, rather than that specialized personnel for work with aging as a separate segment of the population be employed.
17. That a more effective recruitment program for social workers be initiated.

18. That because of the critical shortage of professional social work personnel, there be established a program of financial aid to encourage individuals to obtain master of social work degrees in order to prepare themselves for more effective work with the aging population.
19. That adequate financial remuneration must be provided for social workers in order to retain skilled, professional personnel directly serving the aged.
20. That a regularly scheduled program of in-service training of all employed social workers serving the aged be developed.
21. That needs, resources, and plans for implementing needed community services through use of volunteers be studied.
22. That the potentialities of volunteers be utilized more fully in providing needed services to the aging through offering more opportunities to older persons to be volunteers themselves, thereby utilizing their wisdom and experience, and through providing professional leadership to volunteer groups through more effective use of experienced community leaders.

*23. That sufficient local and State appropriations be provided to meet 100 per cent of basic minimum needs on public assistance budgets for older people. Under the present regulations larger allotments are available to those being given custodial services, thus penalizing, in a sense, older people staying in their own homes. Also, that the $10.00 allotment in the monthly budget for medical care on public assistance be increased to a more realistic figure.

*24. That the staff of the State Board of Public Welfare be increased sufficiently to provide State-wide supervision and leadership.

Group VII. Section 12. Free Time Activities: Recreation, Voluntary Services, Citizenship Participation

1. That the development at local levels of programs designed to provide opportunities for active participation of the older age group in meaningful activities be encouraged.
2. That, since recreation has a personnel shortage similar to those of other areas, community forces should recognize the need of public, private, and commercial recreators serving the aged at the local level.
3. That proper consideration be given to the recreation needs of the home bound and those in institutional care.
4. That full use be made of audio-visual aids in providing programs and services for older age groups.
5. That every community organize to promote wholesome recreation and sponsor senior citizen groups under adequate leadership with sufficient facilities and stimulating programs of activities soundly financed.
6. That the use of the leadership resources of aged and retired citizens in planning, organizing, and administering recreation programs be encouraged.

*7. That the North Carolina Recreation Commission:
   a. Accept the leadership responsibility in bringing wholesome recreation to all the oldsters in the State.
   b. Concentrate on a program to serve this field and give to communities every possible assistance and knowledge in the promotion of local recreation opportunities.
   c. Sponsor surveys to discover existing programs and to determine needs, interests, and potential resources.
   d. Utilize the services of agencies functioning in this field—the National Recreation Association, the Council of Aging of the Federal Department of Health, Education and Welfare, the National Committee on Aging of the National Social Welfare Assembly, the Duke Council on Geriatrics, and any other agency and organization which will serve its purpose. Each year witnesses a growing amount of productive material in this field.

*8. That the University of North Carolina in cooperation with the North Carolina Recreation Commission and the North Carolina Recreation Society continue to sponsor the biennial Southern Regional Conference on Recreation for the Aging. The Conference offers professional recreators an opportunity for study, consultation and planning.

*9. That the extension services of all the universities and colleges of the State continue to give special attention to the older age group, sponsoring programs and occasions through club activities and other interests.

*10. That the radio and television stations operated throughout the State sponsor weekly programs on Hobbies for the Oldsters. Older people could be urged to send in their pet hobby ideas, select many of the most interesting and appealing ones and have the individuals appear on the programs to explain and demonstrate the hobby and especially stress its value to the individual. This should prove to be a very exciting and worthwhile project.

*11. That in everything done the emphasis be placed on the individual.

Group VIII. Section 13. Religion

1. That clergy and lay people study and implement their own faith's suggestions for activities with the aging.
2. That in communities the various religious faiths explore the needs and possibilities for inter-faith and inter-denominational activities for the aging of the community, both inside and outside religious groups.
3. That intensified training for clergymen be provided, both pre-service and in-service, and that the need for greater emphasis on the Ministry to Older Adults be brought to the attention of theological schools.
4. That local churches be encouraged to create study committees with specific instruction to explore their responsibility to their aging.
5. That religious groups, in order to facilitate more successful family life and responsible community relationships, emphasize and re-emphasize the reciprocal moral, emotional, and physical responsibilities of the aging and their children.
6. That since religious belief is vital to a philosophy of life for so many persons, and since religious organizations are such important instruments of adult education, these organizations should be responsible for helping young and middle-aged adults to develop the competencies, relationships, and attitudes necessary for creative living in old age.

Group IX. Sections 14 and 15. Medical and Biological Research in Gerontology

1. That basic multi-disciplinary and interdisciplinary, as well as disciplinary, research on the social, economic, psychological and biological aspects of the processes of aging and the problems of elderly persons be more actively encouraged and strongly supported by appropriate agencies, both public and private.
2. That there be increased use of survey research and increased support of evaluation research on existing programs for the aging.

Group IX. Section 16. Research in Gerontology: Psychological and Social Sciences

1. That studies be initiated to determine effective methods of *motivation* of adults to the end that adults will take advantage of adult education opportunities.
2. That research and analysis be undertaken to determine what an adequate income for aged people is—that is, an income sufficient to provide adequate food, clothing, shelter, household operations and medical care, and to permit participation in family and community life.
3. That basic multi-disciplinary and interdisciplinary, as well as disciplinary, research on the social, economic, psychological and biological aspects of the processes of aging and the problems of elderly persons be more actively encouraged and strongly supported by appropriate agencies, both public and private.
4. That there be increased use of survey research and increased support of evaluation research on existing programs for the aging.
5. That to attract research personnel skilled in the various disciplines and interested in the field of aging, increased financial support for carrying out research be sought. *That the basis for granting of research funds in the field of aging be the sound evaluation of the design and methodology proposed.
6. That increased attention be given to interpretation and communication of the application of the results of research concerning aging and programs for the aging.

*7. That the foregoing recommendations, together with the accompanying Committee report, be communicated directly to the major research funding agencies, both public and private, in the United States.

*8. That the Governor's Coordinating Committee on Aging designate some group or agency to undertake and continue an inventory of research projects in all aspects of aging conducted in North Carolina.

Group X. Section 17. Local Community Organization

1. That a wide range of community services be developed by the appropriate existing agencies, such as the Department of Public Welfare, Health Department, Community Council, etc., to facilitate maintenance of the older person's independence in his own home as long as possible; and that communities recognize their responsibilities for providing a variety of services to the aged and their families, for preserving and strengthening family life, under both public and voluntary auspices.
2. That the current county committees on aging be continued and that there be established within each community a continuing program with responsibility for (1) promoting the coordination of services of all agencies (both public and voluntary) serving the aging; (2) obtaining and maintaining data on needed services and resources; and (3) serving as an information and referral center as to sources for help. It is recommended that no new agency be created, but that these duties be an expansion of the functions of existing agencies or organizations, and that coordination be achieved through some group (such as the present County Coordinating Committee on Aging, the Community Council, the Department of Public Welfare) deemed most logical to perform this function. It would be understood that location and responsibility might be shifted from time to time as necessary or feasible. It is further suggested that older persons themselves form a valuable resource for planning and implementing such information and referral services.

   It is suggested that a basic resource list be prepared, including persons and agencies in each community actually providing direct services to the aging. It is further suggested that this list be placed in the hands of ministers, social workers, doctors, and others to provide immediate referral outlets.

   An additional service would be that of consultation services by specialists with personnel working directly with the aging; for example, social workers, medical specialists, nutritionists, recreation personnel, etc.

   One imperative need is for cooperation of many agencies and organizations within the community to aid in the transition of former mental patients back into the community. A further area for coordination is that of preventive social services; i.e., prevention of the necessity for moving older persons from their home environments to institutional settings for mental, physical, psychological, etc., reasons.
3. That since planned preparation for retirement is a necessity of modern society, every community should plan a coordinated program toward this end which would include resources offered by churches, industry and labor, private clubs, public and voluntary social agencies, civic and social clubs, recreation organizations, etc.
4. That civic clubs and organizations be encouraged to adopt programs and activities for aging as one of their continuing projects.

5. That every community organize to promote wholesome recreation and sponsor senior citizen groups under adequate leadership with sufficient facilities and stimulating programs of activities, soundly financed.
6. That the use of the leadership resources of aged and retired citizens in planning, organizing, and administering recreation and other programs be encouraged.
7. That local committees on aging be continued, and with other social agencies, assume responsibilities for the education of the general public on the problems of aging, and to establish centers of information to make the results of studies and resources for aging known to all interested persons.
8. That all State groups concerned with the problems of the aging should promote the formation of local or county coordinating committees on aging and that existing committees be strengthened.
9. That within the majority of agencies (public and voluntary) providing services to the aging these services should continue to be a part of the overall program of services, rather than that specialized personnel for work with aging as a separate segment of the population be employed.
10. That the books, pamphlets, films, magazines, reading rooms, meeting rooms, and services for blind and handicapped, together with the inherent opportunities of such public library services for educational, recreational, vocational and volunteer development of aging citizens be forcefully and repeatedly called to the attention of aging citizens, and that where public library services are inadequate such services be improved to meet the present and future need of all citizens.
11. That the tremendous potentialities of volunteers be utilized more fully in providing needed services, and that more attention be given to direction of their services by staffs of the agencies they assist; that older persons themselves be offered more opportunities to provide volunteer services, thus fulfilling a double purpose, that of serving other people and of being themselves rewardingly and usefully employed.
12. That the use of the leadership resources of aged and retired citizens in planning, organizing, and administering recreation programs be encouraged.
13. That needs, resources, and plans for implementing needed community services through use of volunteers be studied.
14. That librarians work with citizens groups and agencies concerned with the aging in making systematic studies of the needs and interests of the aging in their communities.
15. That local information be gathered with regard to community resources available to meet the cultural, economic, physical, social, educational and vocational needs of the aging, and that this be made widely available to the aging by appropriate organizations and agencies including civic clubs, libraries, and other suitable agencies.

Group X. Section 18. State Organization

In order that programs and plans for the aging be promoted and coordinated, some type of State organization is essential. The type will vary from State to State, depending upon the history of activities in the field of aging and patterns for initiating action.

1. That every State maintain some type of on-going State organization.
2. That a range of State-organization plans be recognized as consistent with the democratic approach to State planning.
3. That all major State agencies providing services to the aged be included as active participants in State committees or commissions on aging.

Group X. Section 19. National Organizations

1. That voluntary organizations encourage their State and local affiliates to make definite efforts to keep their aging members active in their groups and remind them periodically of the needs of the aging.
2. That such organizations and their State and local units be encouraged to adopt programs and activities for the aging as one of their continuing projects.
3. That in programs with the aging the resources of the aging group itself be used.
4. That voluntary organizations promulgate information on problems of aging, including education of younger persons toward better understanding of their aging associates, and toward preparation for their own aging years.

Group X. Section 20. Federal Organizations and Programs

Since the Federal government participates financially in many programs serving the aging and since Federal research programs in the field are of increasing significance, detailed and forward-looking programming at the Federal level is of growing importance. Moreover, attention to a special area at the Federal level stimulates attention, and hence the developmnt of services, at State and local levels of government.

1. That Federal agencies encourage the development of programs for the aging through existing State agencies rather than through some type of new State organization.
2. That the Bureau of Public Assistance provide increased leadership to the States in the development of services for the aged directed toward self-care and continued independent living.
3. That the Bureau of Public Assistance match State funds for all public social services to the aging on the same basis as it matches State funds for public assistance administration.
4. That the Bureau of Public Assistance develop sound standards for domiciliary homes, including family care homes for the aged; for day centers for the aged; and for homemaker service, and encourage the adoption of such standards by State public welfare departments.
5. That the Public Health Service develop sound standards for skilled nursing homes and encourage the adoption of such standards by State health agencies.
6. That the Bureau of Old Age, Survivors, and Disability Insurance through its District offices refer aged persons requiring services to appropriate health, education, and welfare agencies.
7. That the Social Security Administration engage in a more comprehensive program of social and economic research geared to the needs of states.

APPENDICES

APPENDIX A

TABLE 1. POPULATION 65 YEARS OF AGE AND OLDER, NORTH CAROLINA, 1900-1960

Decade	Number 65 years and older	Percent of total population	Percent change over previous decade
1900	66,148	3.5	—
1910	77,238	3.5	16.8
1920	98,716	3.9	27.8
1930	115,671	3.6	17.2
1940	156,540	4.4	35.3
1950	225,297	5.5	43.9
1960	309,758*	6.7	37.5

* Estimated. C. H. Hamilton, *North Carolina's Expected 1960 Population by Age, Color, and Sex,* Progress Report RS-33, July, 1958.

TABLE 2. ESTIMATED DISTRIBUTION OF THE POPULATION 65 YEARS OF AGE AND OLDER BY SEX AND COLOR, NORTH CAROLINA, 1960

Population	Total	White		Nonwhite	
		Male	Female	Male	Female
		Number			
Total population	4,642,846	1,707,644	1,719,683	592,644	621,875
Population 65 and over	309,758	108,735	138,717	28,483	33,823
65-69 years	125,065	44,150	53,556	12,406	14,953
70-74 years	84,094	30,222	37,348	7,716	8,808
75 years and over	100,599	34,363	47,813	8,361	10,062
		Percent			
Total population	100.0	100.0	100.0	100.0	100.0
Population 65 and over	6.7	6.4	8.1	4.8	5.4
65-69 years	2.7	2.6	3.1	2.1	2.4
70-74 years	1.8	1.8	2.2	1.3	1.4
75 years and over	2.2	2.0	2.8	1.4	1.6

Source: C. H. Hamilton, *North Carolina's Expected 1960 Population by Age, Color, and Sex,* Progress Report RS-33, July, 1958.

TABLE 3. PERCENTAGE OF THE POPULATION 65 YEARS OF AGE AND OLDER, BY SEX, RESIDENCE AND COLOR, NORTH CAROLINA, 1950

Residence and color	Total	Male	Female
North Carolina	5.6	5.2	5.9
White	5.9	5.5	6.3
Nonwhite	4.5	4.5	4.7
Urban	5.4	4.8	6.2
White	5.6	5.0	6.6
Nonwhite	4.8	4.4	5.3
Rural-nonfarm	5.2	4.6	5.6
White	5.2	4.5	5.6
Nonwhite	5.5	4.9	5.7
Rural-farm	6.0	6.2	5.8
White	7.1	7.1	6.8
Nonwhite	4.0	4.2	3.7

APPENDIX B

RESEARCH IN GERONTOLOGY: SOCIAL SCIENCE AND PSYCHOLOGICAL

John C. McKinney, Ph.D.

The population trends which have been pointed out merely serve to highlight the problem area and give some indication of its magnitude. These demographic data lend emphasis to the point that the aged and the aging constitute a major social and economic problem as well as a medical and health problem. It is important to emphasize the rapid rate at which the problem is growing, both in terms of the need to devote careful study to its many facets, and to appreciate the future magnitude of the situation which confronts this and other states.

Aging is a period characterized by varying degrees of loss of activities, roles, and relationships that have been meaningful and satisfying. The phrase "varying degrees of loss" is crucial here because as yet relatively little is known about how loss of activities, roles, and relationships vary with regional, rural, rural-nonfarm, suburban, urban, and metropolitan distribution, or with position in the class structure, racial and ethnic origins, voluntary and involuntary retirement, financial ability, occupation, education, religious affiliation, family integration, self-identification, diverse personality variables, and many other social and psychological factors.

It is evident that there is an urgent need for action programs with regard to the aged at Federal, State, and community levels. Our increasing awareness heightens our appreciation of the difficulties involved in developing and maintaining programs which will ameliorate the problems of the aging. In the long run, any soundly conceived and executed action programs have to have a firm underpinning in basic research. When one looks to the future rather than at the immediate present, and our demographic evidence indicates that we should, the need for basic research is clear-cut and unquestionable.

A major effort should be directed toward instigating and implementing basic research aimed at a more fundamental understanding of age-connected processes and changes of a social and psychological nature. Investigation of such phenomena as learning, motivation, stress tolerance, memory, interpersonal competence, role continuities and discontinuities, attitude formation and change, value systems, relational systems and age status, are just a few examples of areas in which fundamental knowledge is badly needed. The accumulation of such fundamental knowledge is essential in order to insure a real increase in the probability of discovering new ways of handling the problems related to aging people, not necessarily immediately, but in the future.

Action programs concerned with the problem of the aged populace cannot await the slow accumulation of fundamental knowledge with respect to aging. These problems are present, and demand attention in the im-

mediate situation despite the inadequacy of guidelines for handling them. It therefore seems clear that a major effort should be made with respect to the support of evaluation research. Evaluation of existent and developing programs that in some way pertain to the problem of aging should provide valuable information for the improvement of such programs in the future. Assessment of the mechanisms and consequences of existent programs, practices, and policies in such areas as pre-retirement counseling, pension plans, employment practices, retirement policies, community services, health services, and institutional care is unquestionably necessary.

For social and psychological research, the fundamental problem is to discover and investigate the social and psychological—not the physical—barriers that limit the aged in the maintenance of meaningful activity and pursuit of satisfying goals—in brief, investigation of the complex relations obtaining between aging, and the structure and function of social and personal systems. For the applied social sciences (including applied psychology in this instance) the problem is to devise techniques to remove or reduce these barriers, or, at least, to compensate for them. Social techniques must also be developed to help aging people to gain insight into and adjust to the changing biological, social, and economic conditions that confront them. It is furthermore apparent that only a broad multifaceted approach will be capable of making a serious impact on a problem of this magnitude and complexity. It is our judgment that this calls for a sharp increase in *disciplinary, multi-disciplinary,* and *inter-disciplinary* research bearing on the problem.

Each of the disciplines (e.g., Sociology, Psychology, Economics) has contributed in some measure to the understanding of the aged as a group and aging as a process. The disciplines typically have worked within theoretical frames of reference (not always explicit or well defined) which has somewhat narrowly channeled research on older persons. To be sure, this is the way in which man has been primarily studied—viewed by the several disciplines separately, each of them concentrating upon some facet of man's behavior and thereby contributing to the understanding of different aspects of his social and psychological situation. Research cast along these disciplinary lines should unquestionably be continued, increased, and given a great deal more financial support than in the past. The architecture of the total research enterprise is such that for the foreseeable future the major research strength will continue to be concentrated within the existent and established disciplines. Moreover, there is no shortage of vital and manageable research problems which can and need to be investigated by researchers working from their disciplinary perspectives.

Despite the necessary reliance on primarily disciplinary research on aging in the years immediately ahead, it must, however, be recognized that aging as a process is characterized by sequential interrelated and interdependent human changes. In time some synthesis of research must be accomplished in order to achieve a broader view and new perspectives from which to work. Disciplinary research enables us to know certain things about the aged and aging, but we must ultimately go beyond this. Sorely

needed is the development of a set of consistent theoretical formulations to permit interdisciplinary research to make a greater contribution to the understanding of the aged and aging. Moreover, a pooling, cross utilization, and refurbishing of methodologies, procedures, and techniques is needed in order to further advance our state of knowledge. If aging is biologic, economic, psychologic, and social—all at the same time, if not necessarily at the same rate—as has been amply demonstrated by the gerontological research done to date, then interdisciplinary research should be encouraged in order to attain knowledge not forthcoming through strictly disciplinary efforts.

Despite the fact that interdisciplinary research is generally conceded to be a desirable goal, it must be realistically recognized that much of what travels under that label is actually multi-disciplinary research. This means that the researchers are working from their traditional disciplinary perspectives within the confines of some generally defined problem for which they have not been able to develop a unified and coherent approach. The resultant is a collection of sub-projects rather than a synthesis of perspective and effort. This, however, is a valuable type of enterprise. The very fact that representatives of different disciplines are working in loose confederation within some general context constitutes what is probably a necessary stage prior to the development of a genuine interdisciplinary approach for the future. As a consequence, we urge the continuance and amplification of support for multi-disciplinary research on aging, not only in order to obtain the immediate research product, but to assure the increased likelihood of a genuine synthesis of knowledge in the future.

In the light of the preceding analysis, it is evident that we believe there is an acute shortage of both *basic* social and psychological research with respect to aging and *evaluation* research on existent programs concerned with the aged. Nevertheless, it must be noted that there has been an increase in both the quantity and quality of age-related research in North Carolina in the past decade. Although no actual inventory of all relevant research now in progress in the State is available, it is possible to cite a few current research projects as illustrations of the type of work that must be amplified in the future. These include such diverse undertakings as:

E. William Noland, "Community-Provided Substitute Roles for the Aging"

F. Stuart Chapin, Jr., and Robert L. Wilson, "Livability in the City: Attitudes and Urban Development"

John C. McKinney, Kurt W. Back, and Ida H. Simpson, "Work and Retirement"

Alan C. Kerckhoff and Robert G. Brown, "Family Structure and Retirement"

C. E. Ferguson and Hugh Folk, "The Income and Employment of the Aged"

Virginia Stone, "Personal Adjustment in Aging in Relation to Community Environment"

Irving T. Diamond, "Research on Brain and Behavior in Relation to Aging"

Louis Cohen and Seymour Axelrod, "Psychological and Psychophysical Deficits in the Elderly"

Joel Smith and Herman Turk, "The Retiree and the Community"

Sanford Cohen and Albert Silverman, "Psychophysiological Response Characteristics of the Aged"

Juanita Kreps, "The Extent and Conditions of Employment of Persons over 65 in Three Leading North Carolina Industries"

Edward S. Jones, "Relationships Between Activity and Memory Function in the Aged"

These examples of some of the social and psychological research currently under way serve to illustrate both the complexity of the problem area and the fact that there is already a respectable amount of research on aging in North Carolina. Obviously, the magnitude of the problem-complex is such that no one institution or group of researchers can hope to cope effectively with all its facets. The preceding analysis, therefore, outlines an attitude and point of view concerning the research to be undertaken which we believe to be essential if solutions to the long range problems are to be found. Regardless of how much attention and support may be devoted to immediate and practical problems concerning older people, we believe that the long-run contribution of basic research must be assured. As a consequence, we believe that basic research on the social and psychological aspects of aging should be more actively encouraged and strongly supported by relevant agencies, both public and private, than has been the case hitherto. We recognize the necessity for supporting disciplinary, multi-disciplinary, and interdisciplinary research since each type has an important contribution to make. In addition we believe there should be increased use of survey research and increased support of evaluation research on existent programs in order to meet more adequately the immediate needs of elderly persons. In order to attract research personnel skilled in the various disciplines and interested in the field of aging, increased support for carrying out these types of research should be sought.

APPENDIX C

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